



CITY OF CHICHESTER

ANNUAL REPORT

ON THE STATE OF THE

PUBLIC HEALTH

OF THE

CITY OF CHICHESTER

For the year 1952

BY

H. MICHAEL AYRES, O.St.J.

M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.

Medical Officer of Health

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Members of the City Council at 31st December, 1952

Alderman F. E. WORLEY, J.P. (*Mayor*)

Councillor L. E. EVERSLED-MARTIN (*Deputy Mayor*)

Alderman H. U. B. BURDEN

„ MRS. A. F. EASTLAND

„ T. J. EASTLAND, J.P.

„ J. R. HOBBS, J.P.

„ G. A. R. PURCHASE

Councillor N. BARRY

„ W. R. BRAY

„ W. BROOKES

„ M. L. EVANS

„ MRS. M. D. HERNIMAN

„ A. E. HUMPHRY

„ H. A. MASON

„ C. J. MILLER

„ C. J. NEWELL

„ D. H. T. M. ROBERTSON-RITCHIE

„ S. H. J. ROTH

„ J. M. SELSBY

„ S. D. SPICER

„ E. W. TOZER

„ G. J. WELCH

„ J. P. WHITEHEAD

Public Health Committee at 31st December, 1952

Alderman F. E. WORLEY, J.P. (*Mayor*)

Alderman MRS. A. F. EASTLAND (*Chairman*)

Alderman H. U. B. BURDEN

Councillor W. BROOKES

„ L. E. EVERSLED-MARTIN

„ MRS. M. D. HERNIMAN

„ C. J. MILLER

„ C. J. NEWELL

„ J. M. SELSBY

„ G. J. WELCH

PUBLIC HEALTH OFFICERS OF THE CITY

Officers

Other Appointments and Duties

H. MICHAEL AYRES

(Member of the Royal College of Surgeons (Eng.), Licentiate of the Royal College of Physicians (Lond.), Diploma in Tropical Medicine and Hygiene (Camb. Univ.), Diploma in Public Health (Camb. Univ.).)

Medical Officer of Health

Medical Officer of Health, Bognor Regis Urban District ;
Assistant County Medical Officer of Health, West Sussex County Council ;
Medical Superintendent, Chichester Infectious Disease Hospital.

T. G. WARD

(Certificate of Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board as Sanitary Inspector, and Certificate of the Royal Sanitary Institute as an Inspector of Meat and Other Foods.)

Chief Sanitary Inspector.

Housing Inspector ;
Inspector under the Prevention of Damage by Pests Act 1949 ;
Inspector under the Public Health (Meat) Regulations.

P. R. MORRIS (To 30/6/52)

C. W. CHAPMAN (From 8/9/52)

Chief Clerk

J. SNOWDON

(Certificate of Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board as Sanitary Inspector, and Certificate of the Royal Sanitary Institute as an Inspector of Meat and Other Foods.)

Additional Sanitary Inspector

W. H. J. OSMAN

Shops Inspector (Part-time).

CLERICAL STAFF

Senior Clerk—Housing :

MR. L. J. MARVIN

Assistant Clerks :

MISS J. WADDELL (*Resigned 23/6/52*)

MISS C. BARDEN

MISS N. NASH (*Appointed 7/7/52*)

PUBLIC HEALTH DEPARTMENT,
GREYFRIARS,
NORTH STREET,
CHICHESTER.

July, 1952

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH
COMMITTEE

Mr. Mayor and Gentlemen,

I have the honour to present my eleventh Annual Report, on the behalf of the City of Chichester and the work of the Public Health Department during the year 1952. This has been compiled, as requested by Ministry of Health Circular 2/53, on the lines of the previous year's report.

It will be seen, by reference to a later page, that the estimate by the Registrar General of the mid-year population (which includes non-civilians) of the City shows a slight decrease (30) from the June, 1951 estimate; i.e. 19,000 as compared with 19,050, the provisional 1951 census figure being 19,110. This is accounted for by movement out of the City area as there was a *natural increase* of the population during 1952 of 76 (the excess of births over deaths).

Once again it is most satisfactory to report that the high standard of health of the City in previous years has been maintained during 1952. In particular, the number of deaths registered (after allowing for outward and inward transfers) showed a considerable reduction over 1951, (187, as compared with 211), the resultant death rate per 1,000 resident population was *the lowest ever recorded* (the crude death rate being 9.83, and the standardised rate—for comparison with other areas—8.45).

When considering vital statistics of an area of relatively small population such as the City of Chichester, it is important to remember that wide variations in certain rates, particularly that for Infant Mortality (deaths of infants under one year of age) are likely to occur when the actual *numbers* of deaths are low, i.e. under 10. Comparison of these rates with other areas or with earlier years may therefore have little statistical significance and it is suggested that a more accurate picture may be obtained by taking the actual numbers involved in preference to rates per 1,000 live births.

1. BIRTHS AND BIRTH RATE

The number of births during the year showed a slight increase over 1951, the respective figures being 263 and 245. The birth rate per 1,000 population was 13.83, as compared with 12.86 for 1951. In order that due allowance may be made for the differing age and sex distribution of the population in different areas, the Registrar General supplies an Area Comparability Factor for births for the City, so that a more accurate comparison may be made between the City's birth rate and those for England and Wales and for other areas.

The City birth rate for 1952, when adjusted by this factor, is increased to 15.49 per 1,000 population, the corresponding rate for England and Wales being 15.3 (15.5 in 1951). It is unlikely that this upward move of the City birth rate is other than temporary, as the trend both nationally and locally has been for the birth rate to decline from the post-war peak reached in 1947.

The number of illegitimate births for the year (8) again showed a decrease, the figure for 1951 being 14.

DEATHS AND DEATH RATE.

The number of deaths during 1952 assigned to the City (after allowance has been made for the outward transfer of registered deaths of non-City residents and the corresponding inward transfer of deaths of City residents occurring in other areas) was 187, which shows a marked decrease from the figure for 1951 (229). The "crude" (unadjusted for sex and age distribution) death rates per 1,000 population for the two years being 9.83 and 12.02 respectively.

An Area Comparability Factor for deaths in the City has been supplied by the Registrar General in order that an adjustment may be made to the crude death rate to take into account the fairly high proportion of aged persons in the resident population and to enable an accurate comparison to be made with the death rate for England and Wales and for other areas. When so adjusted, the death rate for 1952 is 8.45, *the lowest ever recorded* in the City and comparing very favourably with the death rate for England and Wales for 1952 of 11.3. It is interesting to note, however, that both the number of deaths and the death rate for 1953 will show a considerable increase as a result of the operation, from 1st January, 1953, of new rules governing statistical transferability. These will affect particularly deaths of inmates of Graylingwell Hospital, and also of the nursing homes for chronic sick which are in the City area. In the past, all the inmates have been included in the Registrar General's estimate of the City's population, but deaths of inmates whose normal place of residence was outside the City have been treated as outward transfers. In so far as this occurred the crude and adjusted death rates for the City have been understated in the past. It was therefore to correct this and other anomalies that the new transferability rules have been formulated.

Other information regarding deaths is set out below :—

Infant Mortality

The number of deaths of infants during the first year of life remained at a very low figure, namely 5, compared with 4 in 1951. (The City infant mortality rate per 1,000 live births was 19.01, compared with 27.6 for England and Wales).

Maternal Mortality

No deaths were attributed directly to pregnancy or child-bearing during the year. It is most gratifying to report that *this is the third successive year in which there have been no maternal deaths*. The maternal mortality rate per 1,000 total (live and still-) births for England and Wales for 1952 was 0.72 and for the administrative county of West Sussex, 0.9.

Death Rate from all forms of Tuberculosis

There were again 4 deaths from Tuberculosis during the year, the resultant rate per thousand of the population being 0.22. The comparative rate for England and Wales for 1952 was 0.24.

Cancer Death Rate.

There was a slight increase in the number of deaths attributable to cancer in the City during the year under review, namely 40, as compared with 38 in 1951. The City death rate from cancer, per thousand population (2.10) is slightly higher than the figure for England and Wales. (1.99).

3. CONTROL OF INFECTIOUS AND OTHER DISEASES.

It is highly satisfactory to note that 1952 was a year particularly free from any large-scale epidemics. The incidence of infectious diseases was extremely low, the number of notifications received (47) being the lowest since 1925 (at which time, of course, measles and whooping cough—the former of which accounted for over 80% of the total notifications in 1951—were not notifiable diseases). Of this figure of 47, 13 related to cases of acute primary pneumonia and 10 to bacillary dysentery (Sonne). In actual fact only 24 notifications related to City residents, the remaining 23 being non-residents notified from hospitals in the City to which they had been admitted.

Measles notifications (3) showed a striking drop from 1951 (341). (The disease reaches epidemic proportions in 2-year cycles.)

Whooping Cough also showed a marked decrease, there being only notifications during the year, compared with 34 in 1951.

Scarlet Fever notifications increased from 2 in 1951 to 6 in 1952, but the disease is now extremely mild in type.

Five notifications of **Poliomyelitis** were received during the year, the diagnosis being confirmed in 4 cases only as paralytic in type. *None of these were actual City residents* but related to patients from other areas admitted to hospitals within the City for confirmation of diagnosis and treatment.

Of the 10 notifications of **Sonne Dysentery** received, 6 were City residents, 3 being children from the same family.

Of the 13 notifications of **Acute Primary Pneumonia**, 10 were non-City residents, admitted to hospitals in Chichester.

4. DIPHTHERIA IMMUNISATION.

Diphtheria immunisation statistics in respect of the City can be found on later page of the Report, in Section III. The remarkable success of the nationwide immunisation campaign is best shown by the dramatic drop in the number of notifications of, and deaths from, diphtheria since the campaign was inaugurated. In the ten years prior to 1940, the average number of cases notified annually was over 55,000 and the deaths each year around 2,800. In 1952, however, the total *confirmed* cases of diphtheria was 375 and there were only 3 deaths. The very success of the immunisation campaign has lessened the fear of diphtheria in the minds of the public, however. The great majority of parents nowadays have never seen or heard of a case of diphtheria amongst their neighbours' children. In consequence, they fail to realise that the present favourable position can only continue if adequate protection against the disease is secured. *It cannot be too strongly emphasised that the elimination of this disease is conditional on the maintenance of an adequate level of immunisation.*

Both national and local figures indicate a marked falling-off during the last year or two in the numbers of children protected, particularly amongst those under 5 years of age, and, at the time of preparation of this Report, the Ministry of Health has launched a new drive in an effort to counteract this decline. The aim of this campaign is to secure that at least 75% of babies are immunised before the end of their first year of life. During the first half of 1952, the national figure was only 31% and the Ministry have expressed grave concern at this disturbingly low level of protection, particularly as it is noted that although the numbers of confirmed cases of diphtheria have shown a regular annual decline the numbers of *deaths* from the disease have not dropped at the same rate.

It would be tragic if, as a result of complacency and indifference on the part of the public, all the effort of the past twelve years was wasted and diphtheria again became widespread because fewer and fewer were protected against it. I would, therefore, strongly urge all parents of children who have not been immunised, and especially of those under five years of age, to take advantage of the facilities offered to secure protection against diphtheria.

5. HOUSING.

The number of council houses completed during the year 1952 was 70, bringing the total number of houses erected by the Council between 1945 and 31st December, 1952, to 590, which is a very fine achievement. However, the demand for accommodation within the City is still very large, in fact, by the end of the year under review, there were 290 applications for council houses from persons *living in lodgings in the City*, and 137 *City householders*, making a total of 427 applications from actual residents of the City. In addition to this total, there are the *elderly people who require bungalows* (46).

It is to be regretted that a number of applicants in the greatest need are having to be deferred until suitable cheaper accommodation is available, but this has been unavoidable due to the increased rents of the houses now being erected, as a result of rising costs of construction.

I am indebted to the Committee for their co-operation in the rehousing of persons suffering from Tuberculosis and other diseases, because good housing plays such an important part in the patient's recovery.

6. INSPECTION AND SUPERVISION OF FOOD.

This work has been carried out by the Chief Sanitary Inspector, Mr. T. C. Ward, with the assistance of Mr. J. Snowdon, the Additional Sanitary Inspector. Good progress was made during the year under review and, in general, ready co-operation was secured from the shopkeepers in the maintenance of satisfactory standards of hygiene in food premises. Full details of this work can be found in Section V of this Report.

7. RODENT CONTROL

No charge is made for treatment carried out at private dwellings and householders are thus encouraged to notify the department promptly of any infestation by rats or mice, in order that any treatment may be put in hand without delay. Good results were obtained by the use of the latest type of poison, as is indicated by the drop in the number of treatments required at private premises. The annual test and maintenance treatment of City sewers carried out during the year also gave very satisfactory results.

8. WATER SUPPLY.

The water supplied to the City has once again been of a *very high standard of purity*. Mr. A. N. Burgess, the City Water Engineer has very kindly furnished me with a report for 1952, covering, amongst other points, the sampling results.

I should like to take this opportunity of expressing my indebtedness to Mr. Burgess for his unstinted co-operation.

I again wish to express my deep appreciation of the great interest taken in the health of the City by the Chairman and Members of the Public Health Committee and by the Mayor, Aldermen and members of the Council.

A very large amount of excellent work has been carried out by Mr. T. C. Ward, the Chief Sanitary Inspector, his assistant, Mr. J. Snowdon, and the Shops Inspector, Mr. W. H. J. Osman. I also wish to record my thanks to the Chief Clerk, Mr. C. W. Chapman, and to the other members of the staff of the Public Health Department.

I am extremely indebted to the Town Clerk and the Chief Officers of other Departments for their friendly and close co-operation and assistance at all times, also to the local doctors and the members of the general public for their most willing co-operation.

I am, Mr. Mayor and Gentlemen,
Your obedient servant,

H. M. AYRES,
Medical Officer of Health.

TABLE I

GENERAL AN

1913

Year	Popu- lation	Births		Deaths		Population Natural Increase or Decrease	Infant Mortality		Cancer Deaths	
		No.	Crude Birth Rate†	No.	Crude Death Rate†	No.	No.	Rate	No.	Rate
1913	13030	228	17.50	261	20.03	—33	13	57.01	24	1.8
1914	13110	227	17.31	260	19.83	—33	12	52.86	17	1.2
1915	10240	207	15.78	300	29.59	—93	26	125.60	12	1.2
1916	9962	225	23.52	172	17.25	53	16	71.04	11	1.1
1917	9843	220	20.05	175	17.77	45	11	49.94	22	2.2
1918	11851	181	15.27	187	17.67	— 6	11	60.72	18	1.8
1919	12031	205	17.7	172	15.47	33	21	121.95	20	1.6
1920	12200	289	24.3	148	12.8	141	9	44.9	27	2.2
1921	12413	244	19.70	153	12.33	91	15	61.47	14	1.1
1922	12560	235	18.71	148	11.78	87	14	59.57	24	1.9
1923	12680	213	16.79	142	11.19	71	9	42.25	22	1.7
1924	13010	188	14.45	153	11.96	35	7	37.23	19	1.5
1925	13410	186	13.87	142	10.75	44	9	48.38	22	1.6
1926	14090	181	12.84	155	11.15	26	5	27.62	22	1.5
1927	14300	223	15.59	170	12.01	53	8	35.87	30	2.0
1928	13850	198	14.29	190	13.93	8	12	60.60	19	1.7
1929	13760	199	14.46	169	12.47	30	10	50.25	16	1.1
1930	13760	229	16.64	153	11.29	76	10	43.66	29	2.1
1931	13912	205	14.72	144	10.56	61	6	29.26	19	1.5
1932	14180	206	14.52	171	12.05	35	11	53.39	25	1.7
1933	15240	198	12.99	185	12.13	13	10	50.50	29	1.8
1934	15590	236	15.13	173	11.09	63	7	29.66	26	1.6
1935	15770	223	14.14	193	12.23	30	11	49.32	32	2.0
1936	15950	209	13.10	207	12.97	2	2	9.56	38	2.4
1937	16370	239	14.59	167	10.20	72	10	41.84	34	2.0
1938	16460	227	13.79	202	12.27	25	7	30.83	34	2.0
1939	17530	245	14.62	187	10.66	58	12	48.58	24	1.7
1940	18540	241	12.99	202	10.89	39	12	49.79	27	1.9
1941	18270	263	14.39	200	10.94	63	8	30.41	28	1.9
1942	17420	275	15.78	206	11.82	69	12	43.64	32	1.8
1943	16490	308	18.67	220	13.34	88	15	48.77	23	2.0
1944	15880	285	17.95	213	13.47	72	19	66.66	34	2.1
1945	15890	272	17.11	191	12.02	81	6	22.05	35	2.2
1946	16790	301	18.46	223	13.20	87	9	29.03	38	2.3
1947	17120	311	18.16	231	13.49	80	10	32.15	28	1.6
1948	17900	329	18.38	188	10.5	141	3	9.12	33	1.8
1949	18020	301	16.75*	212	11.8*	89	7	23.26	37	2.0
1950	18230	293	16.07	202	11.08	91	5	17.06	26	1.4
1951	19050	245	12.86	229	12.02	16	4	16.33	38	2.0
1952	19020	263	13.83	187	9.83	76	5	19.01	40	2.1

* These have been calculated according to the civilian (only) population for 1949—1970.

† For explanation see under heading "Deaths" in body of Report.

TAL STATISTICS

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monary bercu- losis eaths	Death from Zymotic Disease		Scarlet Fever Attack Rate	Diph- theria Attack Rate	No. of inhab- ited Houses ‡	New houses erect- ed Total	Houses erected with State Assistance		Rateable Value ‡	Sum rep- resented by Penny Rate‡	Year
	Rate	No.					By Coun- cil	By , Other Person			
1.4	1	0.07	0.38	1.9	2699	x	x	x	x	x	1913
0.53	3	0.22	3.96	2.7	2699	x	x	x	x	x	1914
1.3	10	0.98	6.34	1.8	2699	x	x	x	x	x	1915
1.5	1	0.1	4.1	1.6	x	x	x	x	x	x	1916
1.01	2	0.2	2.03	2.1	x	x	x	x	x	x	1917
1.2	3	0.25	1.3	5.1	x	x	x	x	x	x	1918
0.83	5	0.41	6.6	1.5	2802	x	x	x	x	x	1919
0.98	4	0.32	0.9	3.1	2805	3	x	x	x	x	1920
1.2	1	0.08	0.9	2.4	2845	27	x	x	£59910	£220	1921
1.03	Nil	—	1.35	0.8	x	10	x	x	£60462	£220	1922
0.63	2	0.15	0.15	0.63	2647	x	x	x	£60905	£230	1923
0.46	Nil	—	0.23	0.07	2647	25	6	5	£62130	£240	1924
0.37	Nil	—	1.1	0.29	2647	118	48	44	£63474	£240	1925
0.56	Nil	—	1.7	1.4	2647	110	58	39	£64884	£252	1926
0.55	2	0.13	3.4	2.02	2647	98	62	16	£64827	£257	1927
0.72	2	0.14	2.8	1.8	2647	37	Nil	24	£66365	£257/4/8	1928
0.41	2	0.14	2.9	0.72	2647	27	Nil	11	£95646	£267/0/11	1929
0.21	2	0.14	2.6	0.58	3307	27	Nil	1	£90373	£377/10/2	1930
0.57	2	0.14	1.2	0.32	3351	x	x	x	£91898	£358/12/5	1931
0.35	Nil	—	0.98	0.56	3402	51	Nil	Nil	£94999	£368/14/3	1932
0.59	Nil	—	5.7	0.32	3854	102	Nil	Nil	£97512	£381/3/7	1933
0.32	2	0.12	2.5	1.2	4003	120	Nil	Nil	£109863	£429/10/0	1934
0.37	6	0.38	3.1	5.6	4148	171	Nil	Nil	£123961	£485/10/11	1935
0.56	2	0.12	1.3	1.8	4358	302	Nil	Nil	£127363	£500/11/11	1936
0.48	1	0.06	0.85	1.5	4524	183	Nil	Nil	£133036	£527	1937
0.42	Nil	—	0.36	0.42	4572	208	Nil	Nil	£140554	£545/6/11	1938
0.11	4	0.22	1.54	0.85	4758	Nil	Nil	Nil	£143923	£591/3/7	1939
0.22	Nil	—	1.78	0.21	4799	Nil	Nil	Nil	£153486	£594/15/6	1940
0.22	1	0.05	2.02	0.38	4277	Nil	Nil	Nil	£156780	£624/15/11	1941
0.34	1	0.05	3.15	0.17	4272	Nil	Nil	Nil	£157190	£618/9/11	1942
0.30	1	0.06	2.68	0.54	4276	Nil	Nil	Nil	£158383	£648/9/7	1943
0.38	6	0.37	4.91	0.12	4239	Nil	Nil	Nil	£159102	£646/10/6	1944
0.44	2	0.12	0.62	0.12	4243	6	Nil	Nil	£159936	£647/6/5	1945
0.24	Nil	—	0.71	0.47	4589	71	13	50	£159743	£637/19/0	1946
0.52	3	0.17	0.29	0.05	4666	87	62	Nil	£162530	£642/13/10	1947
0.39	Nil	—	0.34	Nil	4802	27	192	Nil	£160253	£661/3/0	1948
0.11	Nil	—	0.44	Nil	5020	137	114	Nil	£168505	£677/10/2	1949
0.27	1	0.05	1.37	Nil	5144	38	15	Nil	£171786	£670/6/4	1950
0.16	Nil	—	0.10	Nil	5175	88	74	Nil	£174695	£700/0/1	1951
0.16	Nil	—	0.31	Nil	5329♀	96	70	Nil	£179088	£718/18/5	1952

‡ Actual figure at 31st March
 ♀ Actual figure at 31st December
 x Information not available

TABLE II
Vital Statistics of Chichester compared with the
Vital Statistics of the County of West Sussex, 1952

	Urban Districts	Rural Districts	Adminis- trative County	Chichester
Population estimated by Registrar-General	168,500 (169,300)	151,100 (148,600)	319,600 (317,900)	19,020 (19,050)
Number of Live Births	2,068 (1,986)	2,109 (2,082)	4,177 (4,068)	263 (245)
Birth Rate	12.27 (11.73)	13.96 (14.01)	13.07 (12.80)	13.83 (12.86)
Number of Deaths	2,514 (2,763)	1,790 (1,891)	4,304 (4,654)	187 (229)
Death Rate	14.92 (16.32)	11.85 (12.72)	13.47 (14.64)	0.83 (12.02)
Number of Deaths of Infants under 1 year	35 (48)	39 (52)	74 (100)	5 (4)
Infant Mortality Rate per 1,000 Births ...	17 (24)	18 (25)	18 (25)	19.01 (16.33)
Number of Maternal Deaths	2 (1)	2 (1)	4 (2)	— (—)
Maternal Mortality Rate per 1,000 Births	0.9 (0.5)	0.9 (0.5)	0.9 (0.5)	— (—)
Number of Deaths from Tuberculosis (Respiratory System)	33 (35)	20 (30)	53 (65)	3 (3)
Death Rate from Tuberculosis (Respiratory System)	0.20 (0.20)	0.13 (0.20)	0.17 (0.20)	0.16 (0.16)
Number of Deaths from Cancer	468 (478)	316 (339)	784 (817)	40 (38)
Death Rate from Cancer	2.78 (2.82)	2.09 (2.28)	2.45 (2.57)	2.10 (2.00)

It will be noted that in the Urban Districts Deaths exceeded Births by 446, whilst in the Rural Districts Births exceeded Deaths by 319. In the Administrative County, as a whole, Deaths exceeded Births by 127. In Chichester Births exceeded Deaths by 76.

STATISTICS FOR ENGLAND AND WALES

Birth Rate	15.3	(15.5)
Death Rate	11.3	(12.5)
Infant Mortality Rate	27.6	(29.6)
Death Rate from Tuberculosis (Respiratory System)	0.21	(0.27)
Cancer Death Rate... ..	1.99	(1.96)

Figures in brackets are the corresponding figures for 1950

SECTION I.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

1.—General Statistics

Area in acres	...	...	...	...	...	...	2,873
Population (Census 1931)	...	...	...	...	...	...	13,912
Population (Provisional figure for Census 1951)	...	...	...	...	...	...	19,110
Registrar-General's estimate of resident population (1952)	...	...	...	...	...	...	19,020
Number of inhabited houses at end of 1952, according to Rate Books	...	...	...	...	...	...	5,329
Rateable Value	...	...	(at 31st March, 1952)	...	...	...	£179,088
Sum represented by a penny rate	...	...	(at 31st March, 1952)	...	...	...	£718

2.—Social Conditions

The City is chiefly a residential and administrative centre with the outlying parts agricultural.

The industrial structure is varied and secure, and there are no large industries which might have a prejudicial effect on health.

3.—Extracts from Vital Statistics of the Year

Births :—			<i>Males</i>	<i>Fem.</i>	<i>Total</i>	Birth Rate per 1,000 of the estimated resident population ...	13.83
Live Births—							
Legitimate	...	...	131	124	255		
Illegitimate	...	...	4	4	8		
			<u>135</u>	<u>128</u>	<u>263</u>	The figure for England and Wales was	15.3
Still Births—						Rate per 1,000 total (live and still births)	births
Legitimate	...	...	3	4	7	...	25.92
Illegitimate	...	...	—	—	—
			<u>3</u>	<u>4</u>	<u>7</u>		
Deaths :—			90	97	87	Death rate per 1,000 of the estimated resident population ...	9.83
						The figure for England and Wales was	11.3
Total number of deaths of residents occurring in Public Institutions	...						94
(Percentage of total deaths, 50.0)							
Deaths from diseases and accidents of pregnancy and childbirth :—							
From Sepsis	...	...	...	...	...	...	Nil
From other causes	...	...	...	...	...	...	Nil
Death rate from Maternal causes per 1,000 live and still births	...	...					—
Number of deaths of Infants under one year of age	...	...					5
Death rate of Infants under one year of age per 1,000 live births	...	...					19.01
Deaths from Cancer (all ages)	...	...	...	...	...	...	40
Deaths from Measles	...	...	...	...	...	...	Nil
Deaths from Whooping Cough (all ages)	...	...	...	...	...	...	Nil
Deaths from Diarrhoea (under two years)	...	...	...	...	...	...	Nil

BIRTHS

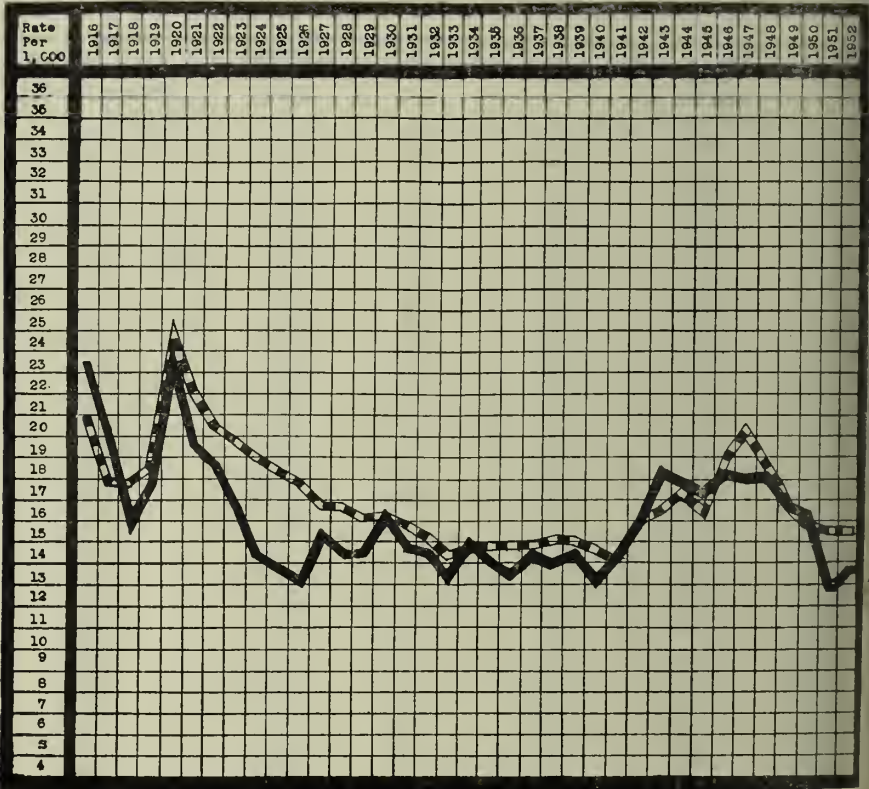
During the year 1952 there 263 births, an *increase* over the figure for 1951 (245) of 18. The respective *crude* birth rates per thousand population being 13.83 and 12.86 respectively. When adjusted for comparison purposes (by means of the "Area Comparability Factor" supplied by the Registrar-General) the respective rates for the two years were 15.49 (for 1952), and 14.4 (for 1951).

For England and Wales, the respective birth rates were 15.3 (1952) and 15.5 (1951).

The following table shows births, male and female, and the birth rates in the City by years since 1913.

Year	Total Births	Males	Females	Crude Birth Rate	No. of males born per 100 females
1913	228	118	110	17.50	107.2
1914	232	112	120	17.31	93.3
1915	207	114	93	15.78	122.5
1916	225	113	112	23.52	100.8
1917	220	110	110	20.05	100.0
1918	181	111	70	15.27	158.5
1919	205	100	105	17.7	95.2
1920	289	150	139	24.3	107.9
1921	244	120	124	19.70	96.7
1922	235	119	116	18.71	102.5
1923	213	110	103	16.79	106.7
1924	188	109	79	14.45	137.9
1925	186	92	94	13.87	97.8
1926	181	71	110	12.84	64.5
1927	223	124	99	15.59	125.2
1928	198	101	97	14.29	104.1
1929	199	102	97	14.46	105.1
1930	229	127	102	16.64	124.5
1931	205	95	110	14.72	86.3
1932	206	109	97	14.52	112.3
1933	198	105	93	12.99	112.9
1934	236	115	121	15.13	95.0
1935	223	122	101	14.14	120.7
1936	209	108	101	13.10	106.9
1937	239	120	119	14.59	100.8
1938	227	131	96	13.79	136.4
1939	245	128	117	14.62	109.4
1940	241	129	112	12.99	115.9
1941	263	146	117	14.39	124.8
1942	275	136	139	15.78	97.8
1943	308	159	149	18.67	106.6
1944	285	154	131	17.95	117.5
1945	272	122	150	17.11	81.3
1946	310	161	149	18.46	108.0
1947	311	155	156	18.16	99.3
1948	329	172	157	18.38	109.6
1949	301	144	157	16.75	91.7
1950	293	149	144	16.07	103.5
1951	245	128	117	12.86	109.4
1952	263	135	128	13.83	105.5

CHART SHOWING THE BIRTH RATES OF CHICHESTER SINCE
1916



The dotted line represents the rate for England and Wales.

DEATHS

The number of deaths actually belonging to the City during 1952 showed a *marked decrease* from the previous year, namely, 187 as compared with 229 in 1951 and is the lowest since 1939. The resultant crude death rate per 1,000 population is, therefore, 9.83 as compared with 12.02 for 1951, and is *the lowest ever recorded*.

When adjusted by use of the "Area Comparability Factor" supplied by the Registrar-General, the death rate for 1952 is 8.45 (9.3 in 1951). This compares very favourably with the figure for England and Wales for 1952 of 11.3.

A table is appended below which shows the comparative rates for the past three years.

As an explanation of crude death and birth rates and the area comparability factors, the following information is given. The "crude" rates are compiled from the figures supplied by the Registrar General and they are the actual births and deaths occurring in the City. The area comparability factor is used to counteract the low crude birth rate and high crude death rate, normally found in areas which are favoured residential districts for invalids and elderly people who have retired, and the City of Chichester falls into this category. Your attention is drawn to Table IV, on a succeeding page, from which it will be seen that over 70% of City deaths were of persons aged 65 years and over, whilst over 48% were aged 75 years and over.

This confirms the statement made above.

Year	City Death Rates		Death Rate for England and Wales
	Crude Rate	Adjusted Rate	
1950	11.08	9.64	11.6
1951	12.02	9.3	12.5
1952	9.83	8.45	11.3

TABLE IV

Deaths of "Residents" during the year 1952, classified by age and cause.

Causes of Death Column 1	Net Deaths at the subjoined ages of "Residents" whether occurring within or without the District								Total		GRAND TOTAL All Ages
	Under 1 year	1—4	5—14	15—24	25—44	45—64	65—74	75 and upwards	Males	Females	
2	3	4	5	6	7	8	9	10	11	12	
1. Tuberculosis, respiratory ...	—	—	—	—	1	—	2	—	2	1	3
2. Tuberculosis, other forms ...	—	—	1	—	—	—	—	—	—	1	1
3. Syphilitic disease ...	—	—	—	—	—	1	—	—	—	1	1
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections ...	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ...	—	—	—	—	—	—	—	—	—	—	—
10. Malignant neoplasm, stomach	—	—	—	—	—	2	2	1	3	2	5
11. Malignant neoplasm, lung, bronchus ...	—	—	—	—	—	1	—	—	—	1	1
12. Malignant neoplasm, breast	—	—	—	—	—	2	1	—	—	3	3
13. Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—
14. Other malignant and lymphatic neoplasms ...	—	1	—	—	2	12	5	11	20	11	31
15. Leukaemia, Aleukaemia ...	—	—	1	—	—	—	—	—	1	—	1
16. Diabetes ...	—	—	—	—	—	—	—	—	—	—	—
17. Vascular lesions of nervous system ...	—	—	—	—	1	1	9	17	18	10	28
18. Coronary disease—angina ...	—	—	—	—	—	3	2	9	6	8	14
19. Hypertension with heart disease ...	—	—	—	—	—	1	1	1	1	2	3
20. Other heart disease ...	—	—	—	—	—	2	5	35	15	27	42
21. Other circulatory disease ...	—	—	—	—	—	2	6	2	3	7	10
22. Influenza ...	—	—	—	—	—	—	—	—	—	—	—
23. Pneumonia ...	2	—	—	—	1	4	2	8	10	7	17
24. Bronchitis ...	—	—	—	—	—	2	3	—	2	3	5
25. Other diseases of respiratory system ...	—	—	—	—	—	—	1	1	1	1	2
26. Ulcer of stomach and duodenum ...	—	—	—	—	—	3	2	—	4	1	5
27. Gastritis, enteritis and diarrhoea ...	—	—	—	—	—	—	—	—	—	—	—
28. Nephritis and nephrosis ...	—	—	—	—	—	1	—	1	—	2	2
29. Hyperplasia of prostate ...	—	—	—	—	—	—	—	2	2	—	2
30. Pregnancy, childbirth, abortion ...	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformations ...	—	—	—	—	—	—	—	—	—	—	—
32. Other defined and ill-defined diseases ...	3	—	—	—	—	3	1	2	1	8	9
33. Motor vehicle accidents ...	—	—	—	—	—	1	—	—	1	—	1
34. All other accidents ...	—	—	—	—	—	—	—	—	—	—	—
35. Suicide ...	—	—	—	—	—	1	—	—	—	1	1
36. Homicide and operations of war ...	—	—	—	—	—	—	—	—	—	—	—
TOTAL ...	5	1	2	—	5	42	42	90	90	97	187

WARD DISTRIBUTION OF DEATHS

Ward				Males	Females	Total
East	...	...	...	24	34	58
Vest	...	...	...	32	37	69
South	...	...	...	34	26	60
TOTAL	...	...	...	90	97	187

The principal causes of death from 1943 to 1952 inclusive are shown in the following table :—

Cause of Death	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
tuberculosis, respiratory	5	6	7	4	9	7	2	5	3	3
tuberculosis, other forms	2	2	1	2	—	1	2	—	1	1
pneumonia	11	6	3	9	12	10	18	7	15	17
bronchitis and other diseases of the respiratory system	16	13	10	13	11	7	7	11	11	7
disease of heart and blood vessels	69	70	74	80	81	62	79	99	92	69
vascular lesions of the nervous system	19	22	21	26	24	32	22	24	20	28
cancer (malignant and lymphatic neoplasms)	23	34	35	38	28	33	37	26	38	40

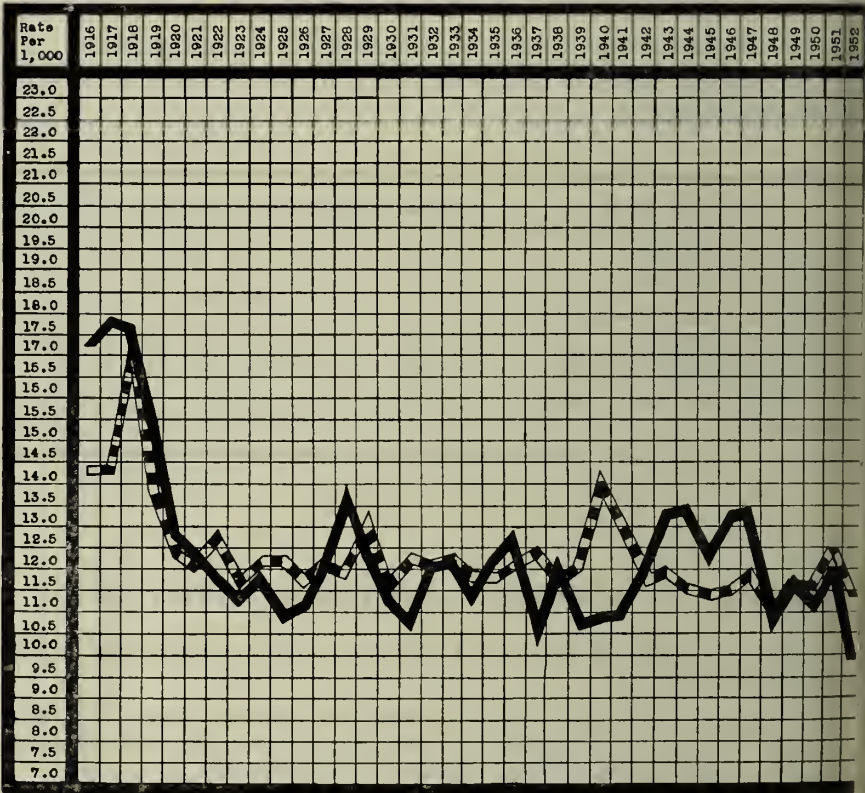
DEATHS IN HOSPITALS AND PUBLIC INSTITUTIONS

During the year, 94 deaths of Chichester residents occurred in hospitals and public institutions.

The figures given below refer to deaths of persons *normally residing in Chichester*. They do not represent the total number of persons who have died in those hospitals and institutions which are situated in the City area.

Hospital or Institution			No. of Deaths	Percentate of Total Deaths
Raylingwell Hospital	...	...	3	1.6
Royal West Sussex Hospital	...	...	35	18.6
St. Richard's Hospital	...	...	45	24.0
Wideningbourne Sanatorium	...	...	1	0.5
Witley Nursing Home	...	...	4	2.2
Wimmersdale Nursing Home	...	...	2	1.1
St. Charles' Hospital, Kensington	...	...	1	0.5
St. Wilfrid's Hospital	...	...	1	0.5
St. Mary's Hospital, Lyminster	...	...	1	0.5
"Oakhurst," Midhurst	...	...	1	0.5
TOTALS	...	...	94	50.0%

CHART SHOWING THE DEATH RATES OF CHICHESTER SINCE
1916



The dotted line represents the rate for England and Wales

INFANT MORTALITY

It is very gratifying to be able to record that the number of infant deaths in the City during the year 1952 was *remarkably low*. In fact only 5 deaths of infants under one year of age were recorded as compared with 4 in the previous year. This results in an Infant Mortality Rate (the death rate of infants under one year of age per thousand live births) for the year 1952 of 19.01, as compared with 16.33 for the year 1951. This rate is *very much lower* than the rate for England and Wales for 1952 (27.6).

However, as mentioned in the introduction to my report, when considering statistics in respect of an area such as the City of Chichester which has a relatively small population, it must be borne in mind that a slight variation in the number of deaths etc. is reflected disproportionately in the rates per thousand of the population. This is particularly true with Infant Mortality and the Registrar General has asked that attention be drawn to this fact. It is suggested that a more accurate comparison with previous years can be made by comparing the actual numbers as opposed to the rates per thousand live births.

The table appended below gives an analysis of the infant deaths, by age and cause, which occurred in the City of Chichester during the year under review.

TABLE V
Infant Mortality, 1952

Cause of Death	Actual Age					Total		Grand Total
	3 Hours	21 Hours	2 Days	3 Months	8 Months	Male	Female	
Prematurity	1	1	1	—	—	1	2	3
Pneumonia	—	—	—	1	1	2	—	2
TOTALS	1	1	1	1	1	3	2	5

Net City births, 263 (Legitimate, 255 ; illegitimate, 8)

Net City deaths under one year of age, 5 (legitimate, 5 ; illegitimate —).

NEO-NATAL MORTALITY

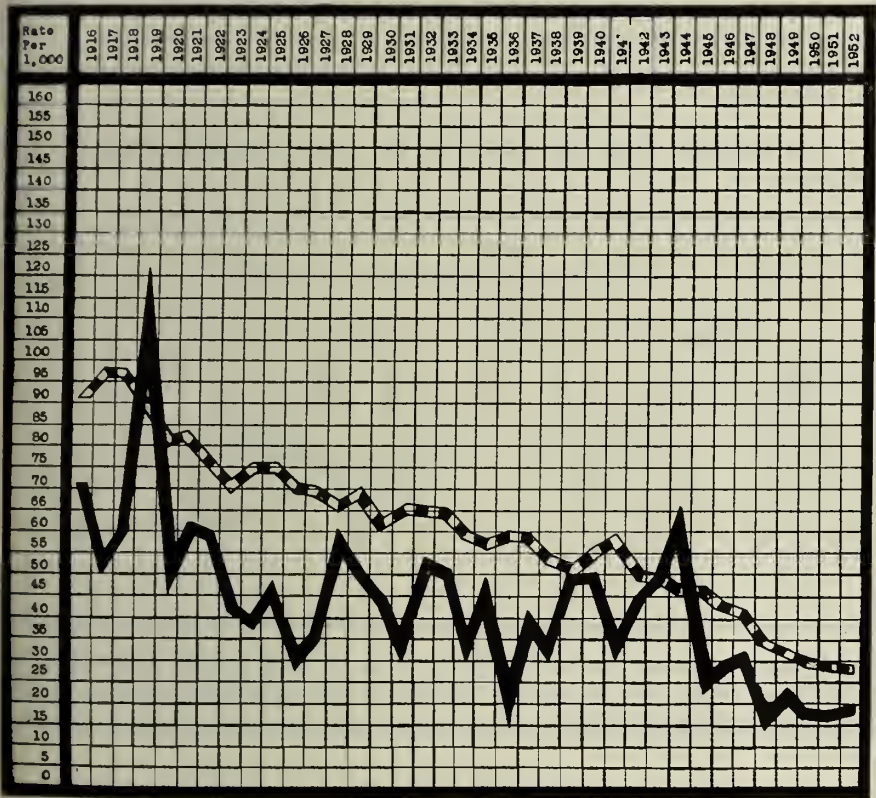
Three deaths (1 male, 2 female) of infants during the first 4 weeks of life occurred during the year under review. In each case the cause of death was stated to be prematurity. The neo-natal mortality rate per 1,000 total live births is therefore 11.4, which compares with a total number of such deaths of 12,331 and a rate of 18.9 in respect of England and Wales for 1952.

INFANT MORTALITY

The total number of deaths under one year was 5, or 19.01 per 1,000 live births

Year	No. of Infant deaths	Rate per 1,000 births	Percentage of total deaths at all ages	Infant Mortality rate in England and Wales
1913	13	57.01	4.9	109
1914	12	52.86	4.6	105
1915	26	125.60	8.6	110
1916	16	71.04	9.3	91
1917	11	49.94	6.2	97
1918	11	60.72	5.8	97
1919	—	—	—	89
1920	9	44.9	6.0	80
1921	15	61.47	9.8	83
1922	14	59.57	9.4	77
1923	9	42.25	6.3	69
1924	7	37.23	4.5	75
1925	9	48.38	6.3	75
1926	5	27.62	3.2	70
1927	8	35.87	4.7	69
1928	12	60.60	6.3	65
1929	10	50.25	5.9	70
1930	10	43.66	6.5	60
1931	6	29.26	4.1	66
1932	11	53.39	6.4	65
1933	10	50.50	5.4	64
1934	7	29.66	4.0	59
1935	11	49.32	5.7	57
1936	2	9.56	0.9	59
1937	10	41.84	5.9	58
1938	7	30.83	3.4	53
1939	12	48.58	6.4	50
1940	12	49.79	5.9	55
1941	8	30.41	4.0	59
1942	12	43.6	5.8	49
1943	15	48.7	6.8	49
1944	19	66.66	8.9	46
1945	6	22.05	3.1	46
1946	9	29.03	4.0	43
1947	10	32.15	4.3	41
1948	3	9.12	1.6	34
1949	7	23.26	3.3	32
1950	5	17.06	2.5	29.8
1951	4	16.33	1.7	29.6
1952	5	19.01	2.7	27.6

CHART SHOWING INFANT MORTALITY PER 1,000 BIRTHS IN
CHICHESTER SINCE 1916



The dotted line represents the rate for England and Wales.

CANCER

Under this classification are grouped all deaths registered as due to cancer malignant and lymphatic neoplasms, epithelioma, sarcoma, etc.

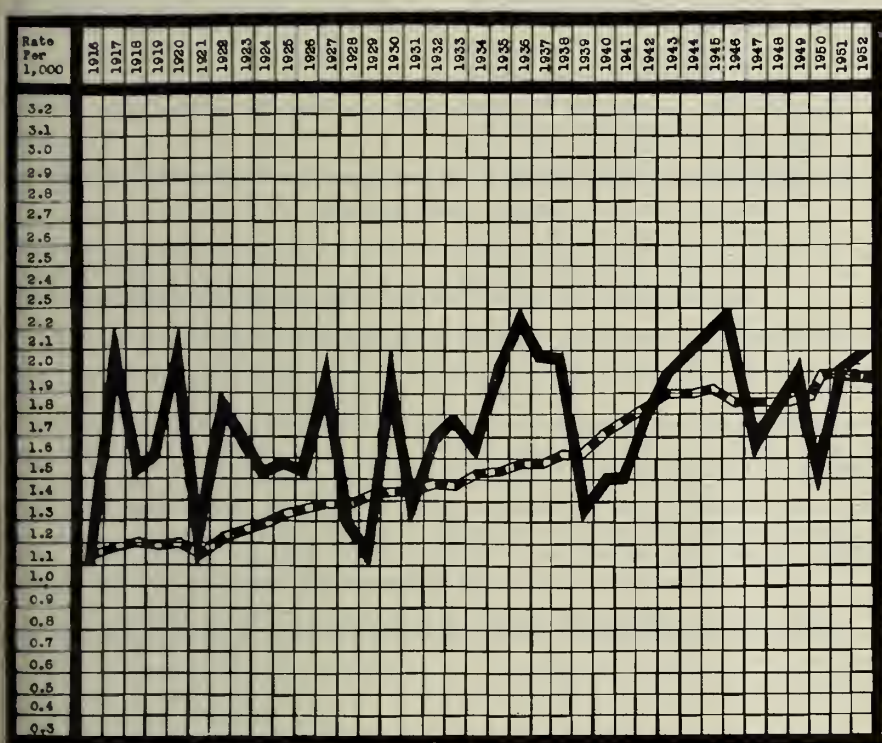
The total number of deaths in the City during 1952 under this heading was 40, giving a rate of 2.10 per 1,000 of the population, as compared with the (provisional) rate of 1.99 per 1,000 of the population for England and Wales for that year.

The mortality from this cause for the years 1942/1952 inclusive, is as follows :—

Years	Deaths		Total	Death rate per 1,000 population
	Males	Females		
1942	16	16	32	1.8
1943	8	15	23	2.0
1944	13	21	34	2.1
1945	13	22	35	2.2
1946	19	19	38	2.2
1947	15	13	28	1.6
1948	19	14	33	1.8
1949	17	20	37	2.1
1950	12	14	26	1.4
1951	18	20	38	2.0
1952	23	17	40	2.1

When comparing the total number of deaths from cancer with the figures for previous years, any increase or decrease in the total population of the City must be taken into account.

CHART SHOWING DEATH RATES FROM CANCER IN
CHICHESTER SINCE 1916



The dotted line represents the rate for England and Wales

Cancer Deaths (Continued).

In the following table, the sites of fatal cancer for both sexes are shown for the year 1952 :—

(1) Buccal cavity (lip, tongue, etc.)		(2) Stomach Liver		(3) Intestines, rectum, peritoneum		(4) Genital Organs		(5) Breast		(6) Skin		(7) Other Organs		(8) Total	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
I	—	3	2	5	3	4	—	—	3	—	—	10	9	23	17

Deaths from Cancer for the year 1952, showing the actual ages, divided into male and female, were as follows :—

		Age at Death in Years																												
		4	29	43	48	50	55	57	58	59	60	61	62	63	64	66	70	71	73	74	76	78	80	82	83	84	Total			
Males	...	—	1	1	—	2	—	1	—	1	—	—	1	1	1	1	1	2	1	—	2	3	1	1	2	—	23			
Females	...	1	—	—	1	—	2	—	1	1	1	1	—	1	2	1	—	—	1	1	—	1	—	1	—	1	17			
TOTAL	...	1	1	1	1	2	2	1	1	2	1	1	1	2	3	2	1	2	2	1	2	4	1	2	2	1	40			

70% of the deaths due to cancer were of persons of 60 years of age and over

SECTION II.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Notifiable Infectious Diseases

The following list show the diseases which are now by law notifiable to the appropriate Medical Officer of Health :—

Scarlet Fever	Relapsing Fever
Diphtheria (including Membranous Croup)	Plague
Enteric (Typhoid and Paratyphoid) Fever	Pulmonary Tuberculosis
Puerperal Pyrexia	Other forms of Tuberculosis
Cholera	Ophthalmia Neonatorum
Erysipelas	Meningococcal Infection
Leprosy*	Acute Encephalitis (Infective and Post-Infectious)
Malaria	Acute Poliomyelitis (Paralytic and Non-Paralytic) (including also Acute Polioencephalitis)
Dysentery	Acute Primary Pneumonia
Smallpox	Acute Influenzal Pneumonia
Typhus Fever	Whooping Cough
Measles	

(* Leprosy became a notifiable infectious disease in 1951. Notifications of this particular disease have to be sent direct by the Medical Practitioner to the Chief Medical Officer at the Ministry of Health.)

Cases of Food Poisoning or suspected food poisoning are also notifiable and details for the year under review can be found in Section V of this report headed "Inspection and Supervision of Food." (In this connection it is interesting to note that the Public Health (Infectious Diseases) Regulations, 1953, which came into operation on the 1st April, 1953, by widening the scope of action for the local authority, should go far towards the effective control and ultimate elimination of outbreaks of food poisoning).

The Public Health (Tuberculosis) Regulations, 1952, which came into operation on 1st May, 1952, revoked the existing regulations of 1930 but made similar provisions for the notification of Tuberculosis modified to accord with the structure and administration of the services now being provided under the National Health Service Acts.

It was felt that the Public Health (Tuberculosis) Regulations 1930 had become outdated and at variance with the present structure and operation of the tuberculosis services, but the requirement concerning notification of tuberculosis to the appropriate medical officer of health remains unaltered in the new regulations.

Infectious diseases which are *not notifiable* are German Measles, Mumps, Chicken-pox and Influenza.

Investigations are made immediately notifications of infectious disease are received. Where necessary, the home is visited and fumigation of rooms and disinfection of bedding is carried out.

In the case of children, all contacts are excluded from school for the regulation periods, as specified in the memorandum on Closure of and Exclusion from Schools, issued jointly by the Board of Education and Ministry of Health.

Copies of notifications of infectious disease are forwarded to the County Medical Officer of Health within 48 hours of their receipt. In addition, weekly returns are made to the County Medical Officer of Health and Registrar-General.

TABLE VI

The following table gives details of cases (other than Tuberculosis) notified during 1952 showing in the age analysis columns, the final figures after any necessary re-diagnosis :—

Diseases	Originally Notified	AGE ANALYSIS (after any necessary correction of diagnosis)										Total
		Under 1	1 to 2	3 to 4	5 to 9	10 to 14	15 to 24	25 to 44	45 to 65	65 plus		
Scarlet Fever	6	—	1	1	4	—	—	—	—	—	6	
Measles	3	—	—	1	2	—	—	—	—	—	3	
Whooping Cough	2	—	—	1	—	—	—	1	—	—	2	
Dysentery (Sonne)	10	—	1	3	4	1	1	—	—	—	10	
Pneumonia (Acute primary)	13	2	—	1	—	1	—	3	5	1	13	
Poliomyelitis (Acute paralytic)	5	—	1	—	2	—	—	1	—	—	4	
Puerperal Pyrexia	2	—	—	—	—	—	1	1	—	—	2	
Meningococcal Infection	1	—	—	—	—	1	—	—	—	—	1	
Erysipelas	2	—	—	—	—	—	—	1	1	—	2	
Food Poisoning	2	1	—	—	—	—	—	—	1	—	2	
Malaria (contracted overseas)	1	—	—	—	—	—	1	—	—	—	1	
TOTALS	47	3	3	7	12	3	3	7	7	1	46	

TABLE VII

WARD DISTRIBUTION OF NOTIFIABLE INFECTIOUS DISEASES

(excluding Tuberculosis)

Diseases	Notifications relating to Non-residents from Institutions	Wards			Total
		East	West	South	
Scarlet Fever ...	—	2	3	1	6
Measles ...	—	1	1	1	3
Whooping Cough ...	1	—	1	—	2
Dysentery (Sonne) ...	4	4	2	—	10
Pneumonia (Acute primary) ...	10	—	3	—	13
Poliomyelitis (Acute paralytic) ...	4	—	—	—	4
Puerperal Pyrexia ...	1	—	—	1	2
Meningococcal Infection ...	1	—	—	—	1
Erysipelas ...	1	—	—	1	2
Food Poisoning ...	—	—	1	1	2
Malaria (contracted overseas) ...	1	—	—	—	1
TOTALS ...	23	7	11	5	46

The table appended below shows the "City" (residents) cases of infectious disease which were isolated in the Infectious Disease Hospital during the year 1952.

A large proportion of the cases were admitted on account of unsatisfactory home conditions, or to assist the local general hospitals in preventing the spread of an infectious disease, when a case has been diagnosed after a patient's admission for another illness or is an observation case.

Disease	No. of cases admitted to Hospital	Remarks
Chicken Pox	4	1 case transferred from St. Richard's Hospital. 2 cases transferred from the Royal West Sussex Hospital.
Chicken Pox Contact	1	Transferred from Royal West Sussex Hospital.
Scarlet Fever	3	2 cases transferred from the Royal West Sussex Hospital.
? Scarlet Fever	2	Diagnosis not confirmed
Whooping Cough	1	
? Whooping Cough	3	1 case transferred from St. Richard's Hospital. 3 cases, diagnosis not confirmed.
Rubella	4	3 cases transferred from St. Richard's Hospital. 1 case transferred from the Royal West Sussex Hospital.
Mumps	4	1 case transferred from the Royal West Sussex Hospital. 1 case transferred from St. Richard's Hospital.
Tonsillitis	4	
? Tonsillitis	1	Diagnosis not confirmed.
Acute Primary Pneumonia	1	
Gastro Enteritis	2	
Gastro Enteritis	1	Transferred from St. Richard's Hospital. Diagnosis not confirmed.
Acute Anterior Poliomyelitis	3	1 case transferred from the Royal West Sussex Hospital. 2 cases transferred from St. Richard's Hospital.
Impetigo	1	
Discharging Ears	2	
Streptococcal Throat (R. Quinsey)	1	Transferred from St. Richard's Hospital. Diagnosis not confirmed.
Food Poisoning (Salmonella)	1	Transferred from the Royal West Sussex Hospital.
Bacillary Dysentery	2	2 cases transferred from the Royal West Sussex Hospital.
Cellulitis	1	
Cervical Adenitis? Rash	1	Transferred from St. Richard's Hospital. Diagnosis not confirmed.
TOTAL	43	

POLIOMYELITIS

During 1952, 5 cases of Poliomyelitis (Infantile Paralysis) were notified. Of these, one case was subsequently diagnosed as suffering from another disease. The remaining four patients were confirmed as paralytic poliomyelitis.

It will be seen, by reference to Table VII on a preceding page, that all these notifications were received from institutions situated within the City, the patients' home addresses being outside the City area. It will be appreciated, therefore, that for the second year running there were *no actual City cases of Poliomyelitis*.

Investigations are made immediately notifications are received and a full report is sent to the County Medical Officer of Health. In addition, to assist in research on the disease, details of each case are forwarded to the Medical Research Council.

Medical practitioners within the City are kept informed of all cases occurring in West Sussex as soon as details are received from the County Medical Officer of Health, as this gives a broader picture of the infection in the County as a whole.

DIPHTHERIA

For the fifth successive year, *no cases of Diphtheria were notified*.

The following table shows the number of cases, deaths and fatality per cent, since 1913. I have commented elsewhere in this Report on the success of the diphtheria immunisation campaign (which is obvious from the undermentioned figures) and the danger of complacency as a result of the present freedom from this disease.

Year	Population	Cases	Deaths	Fatality per cent
1913	13,030	26	1	8.8
1914	13,110	36	2	5.5
1915	10,240	19	—	—
1916	9,962	16	1	6.2
1917	9,843	21	2	9.5
1918	11,851	61	3	4.9
1919	12,031	19	3	15.8
1920	12,200	38	1	2.6
1921	12,413	30	1	3.3
1922	12,560	10	—	—
1923	12,680	8	1	12.5
1924	13,010	1	—	—
1925	13,410	4	—	—
1926	14,090	20	—	—
1927	14,300	29	1	3.4
1928	13,850	25	1	4.0
1929	13,760	10	1	10.0
1930	13,760	8	—	—
1931	13,920	5	—	—
1932	14,180	8	—	—
1933	15,240	5	—	—
1934	15,590	19	1	5.3
1935	15,770	89	6	1.1
1936	15,950	29	1	3.4
1937	16,370	26	1	3.8
1938	16,460	7	—	—
1939	17,530	15	2	13.3
1940	18,540	4	—	—
1941	18,270	7	—	—
1942	17,420	3	—	—
1943	16,490	9	—	—
1944	15,880	2	—	—
1945	15,890	2	—	—
1946	16,790	8	—	—
1947	17,120	1	—	—
1948	17,900	0	—	—
1949	18,020	0	—	—
1950	18,230	0	—	—
1950	19,050	0	—	—
1952	19,020	0	—	—

Scarlet Fever

Six cases were notified during the year; the attack rate was 0.31 per 1,000 of the population.

The following table shows the number of cases, deaths, and the fatality per cent, since 1913.

Year	Population	Cases	Deaths	Fatality per cent
1913	13,030	5	—	—
1914	13,110	55	—	—
1915	10,240	65	—	—
1916	9,962	41	1	2.44
1917	9,843	20	—	—
1918	11,851	15	—	—
1919	12,031	8	—	—
1920	12,200	11	—	—
1921	12,413	12	—	—
1922	12,560	17	—	—
1923	12,680	2	—	—
1924	13,010	3	—	—
1925	13,410	15	—	—
1926	14,090	25	—	—
1927	14,300	49	—	—
1928	13,850	39	—	—
1929	13,760	40	—	—
1930	13,760	37	1	2.7
1931	13,920	18	1	5.5
1932	14,180	14	—	—
1933	15,240	88	—	—
1934	15,590	39	—	—
1935	15,770	49	—	—
1936	15,950	22	1	4.5
1937	16,370	14	—	—
1938	16,460	6	—	—
1939	17,530	27	—	—
1940	18,540	33	—	—
1941	18,270	37	—	—
1942	17,420	55	—	—
1943	16,490	44	—	—
1944	15,880	78	—	—
1945	15,890	10	—	—
1946	16,790	12	—	—
1947	17,120	5	—	—
1948	17,900	6	—	—
1949	18,020	8	—	—
1950	18,230	25	—	—
1951	19,050	2	—	—
1952	19,020	6	—	—

Two of the cases of Scarlet Fever were admitted to the Chichester Infectious Disease Hospital; the remaining four cases were nursed at home.

Measles.

Deaths since 1930 are as follows :—

Year	No. of Cases	Total Deaths	Death Rate
1930	Not Notifiable	2	0.14
1931	"	—	—
1932	"	—	—
1933	"	—	—
1934	"	—	—
1935	"	—	—
1936	"	2	0.12
1937	"	—	—
1938	"	1	0.06
1939	"	—	—
1940	380	—	—
1941	207	—	—
1942	220	—	—
1943	119	—	—
1944	10	—	—
1945	314	—	—
1946	121	—	—
1947	117	—	—
1948	107	—	—
1949	141	—	—
1950	2	—	—
1951	341	—	—
1952	3	—	—

Whooping Cough

The mortality record since 1930 is as follows :—

Year	No. of Cases	Deaths	Death Rate
1930	Not Notifiable	—	—
1931	"	1	0.07
1932	"	1	0.07
1933	"	—	—
1934	"	—	—
1935	"	—	—
1936	"	—	—
1937	"	—	—
1938	"	—	—
1939	"	—	—
1940	109	—	—
1941	47	1	0.05
1942	31	—	—
1943	16	—	—
1944	64	2	0.12
1945	11	—	—
1946	31	—	—
1947	20	—	—
1948	87	—	—
1949	18	—	—
1950	15	—	—
1951	34	—	—
1952	2	—	—

TUBERCULOSIS

Seventeen cases were added to the register during the year 1952, as follows, compared with 33 in 1951 :—

	Pulmonary		Non-Pulmonary		Total	Comparative figures for 1951
	M.	F.	M.	F.		
New Cases—(i.e. notified for the first time)	7	6	—	2	15	23
Cases transferred from other areas—(as the family moved into the City) ...	1	1	—	—	2	10
TOTALS	8	7	—	2	17	33

Cases removed from the Register during 1952 numbered 15, as follows, as compared with 34 in 1951 :—

	Pulmonary		Non-Pulmonary		Total	Comparative figures for 1951
	M.	F.	M.	F.		
Deaths	—	1	—	1	2	7
Recovered	2	1	—	2	5	9
De-notified (after revised diagnosis) ...	1	—	—	1	2	—
Transferred out of City	2	—	3	1	6	12
Lost sight of (i.e. moving to another area without notifying the Authority concerned)	—	—	—	—	—	6
TOTALS	5	2	3	5	15	34

Cases of Tuberculosis on the Register at 31st December, 1952

	Pulmonary			Non-Pulmonary			Total (Pulmonary and non-pulmonary)
	M.	F.	Total	M.	F.	Total	
a) Residents of Institutions	5	5	10	—	1	1	11
b) Ward Allocation of City residents :—							
East Ward	13	17	30	3	4	7	37
West Ward	15	10	25	2	2	4	29
South Ward	14	10	24	2	—	2	26
TOTAL	47	42	89	7	7	14	103

Treatment

The conditions under which persons suffering from Tuberculosis are living can play an important part in their recovery and the housing situation of the 103 cases which remained on the Tuberculosis Register at the end of the year under review is as follows :—

Patients actually living in Council Houses	...	...	...	33
Residents of Institutions within the City	...	...	...	11
Patients living in privately owned property and who have not applied for rehousing in Council Houses	...	...	...	46
Patients who require alternative accommodation and who have applied for a Council House	...	...	...	13
				103

Good progress has been made in the past few years in *rehousing persons suffering from tuberculosis* and I am deeply indebted to the City Council for their assistance in this matter.

The number of patients from the City *treated at Sanatoria* during the year under review, is given below :—

<i>Admitted to</i>				<i>Male</i>	<i>Female</i>	<i>Total</i>
Aldingbourne House	...	...	...	12	8	20
Bognor Regis Annexe	...	...	...	3	2	5
				15	10	25

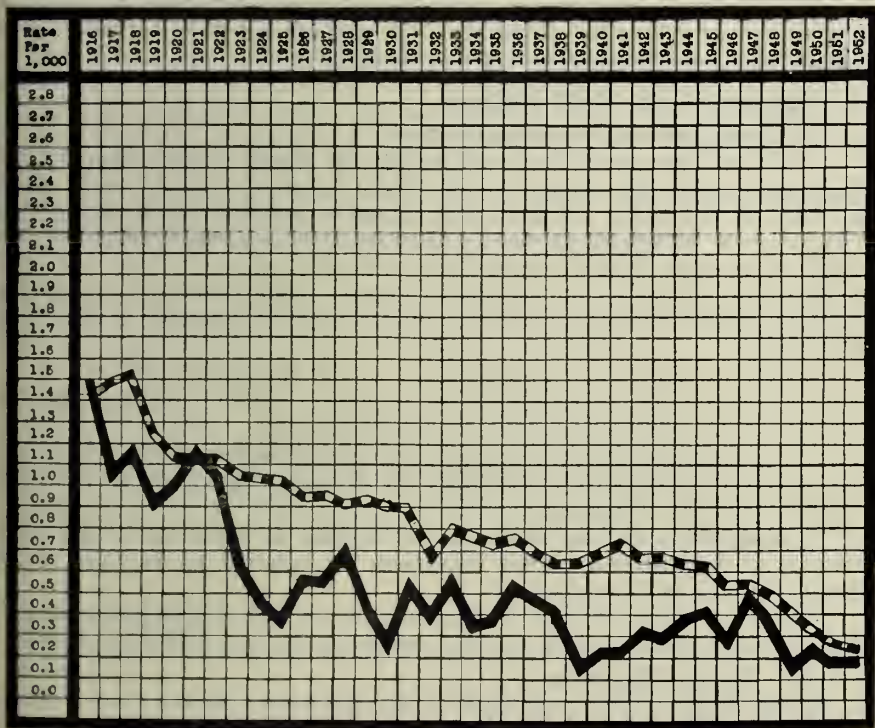
The ages of the new, and fatal cases in 1952 are shown below :—

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	—	—	—	—	—	—	—
1-5 years	—	1	—	—	—	—	—	—
5-15 years	—	—	—	1	—	—	—	1
15-25 years	2	3	—	—	—	—	—	—
25-35 years	3	3	—	—	—	1	—	—
35-45 years	1	—	—	—	—	—	—	—
45-55 years	1	—	—	1	—	—	—	—
55-65 years	1	—	—	—	—	—	—	—
65 years and upwards	—	—	—	—	2	—	—	—
TOTAL	8	7	—	2	2	1	—	1

Statement showing mortality from Tuberculosis (Pulmonary and Non-Pulmonary) in Chichester and in England and Wales, since 1936. (Figures is supplied by the Register General).

Year	Deaths under Five Years of age		Total Deaths		Tuberculosis (all forms Death Rate per 1,000 of population	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Chichester	England and Wales
1936	—	2	9	2	0.71	0.69
1937	—	—	8	2	0.61	0.69
1938	—	—	7	—	0.42	0.63
1939	—	—	2	3	0.28	0.63
1940	—	—	4	1	0.27	0.69
1941	—	1	4	5	0.49	0.72
1942	1	1	6	2	0.45	0.65
1943	—	—	5	2	0.42	0.66
1944	—	—	6	2	0.50	0.62
1945	—	—	7	1	0.50	0.61
1946	—	—	4	2	0.35	0.54
1947	—	—	9	—	0.52	0.54
1948	—	—	6	1	0.39	0.51
1949	—	1	2	2	0.22	0.45
1950	—	—	5	—	0.27	0.36
1951	—	—	3	1	0.21	0.32
1952	—	—	3	1	0.21	0.24

CHART SHOWING DEATH RATES FROM PULMONARY TUBERCULOSIS, SINCE 1916



The dotted line represents the rate for England and Wales.

SECTION III.

GENERAL PROVISION OF HEALTH SERVICES IN THE CITY

1. NATIONAL ASSISTANCE ACTS, 1948 and 1951.

The Ministry of Health has requested details of any action taken during the year 1950 under Sections 47 and 50 of the principal Act. Details are as follows :

(a) **Section 47** (as amended by Section 1 of the National Assistance (Amendment) Act, 1951)

This section empowers the City Council to apply to a Court of Summary Jurisdiction for an Order authorising the removal to suitable premises of persons who are in need of care and attention.

No action was necessary under this section during 1952.

(b) **Section 50**

A duty is placed upon the City Council to arrange for the burial of persons dying within the City (except in Hospitals) where it appears that no suitable arrangements are being made.

No action was necessary under this section.

2. SERVICES PROVIDED BY THE WEST SUSSEX COUNTY COUNCIL.

(a) Ambulance Service and Hospital Car Service.

Acting as agents for the County Council, the St. John Ambulance Brigade operates the ambulance and hospital car service.

The Hospital Car Service is primarily intended for persons who have an appointment at a hospital, clinic, etc., and who are not fit to travel by public transport, or public transport is not available.

(b) **Maternity and Child Welfare.**

(i) **Expectant and Nursing Mothers.**

Ante- and Post-natal Clinics are held at the Health Centre, Chapel Street Chichester, under the control of the West Sussex County Council. Clinics are held on Thursdays (all day) and expectant mothers receive advice from doctors or the nurses in attendance on all matters concerned with their pregnancy, or on any ensuing complications which may arise.

Relaxation classes for expectant mothers (first established in the City in March, 1948) are proving popular. Sessions are held weekly at the Health Centre.

Maternity outfits are available free of cost at the Health Centre.

The West Sussex County Council employs a staff of qualified midwives and operates an efficient domiciliary midwifery service.

In cases where General Practitioners consider hospital treatment advisable they make arrangements direct with the Hospital Management Committee for their patients' admission.

Arrangements for the admission to hospital in other cases, e.g. on the grounds of unsatisfactory home conditions are referred to the West Sussex County Council for investigation.

The County Council have made arrangements with the Chichester Diocesan Moral Welfare Association to care for unmarried mothers and their children.

(ii) **Young Children.**

Child Welfare Clinics are held at the Chichester Health Centre, Chapel Street, Chichester, twice weekly on Thursdays and Fridays. Advice is given by the doctors or nurses in attendance on matters of health, infant feeding and the management of babies.

Arrangements have been made for the provision of National Dried Milk, Vitamins, etc. A number of proprietary baby foods at cost, or reduced price are available on medical advice.

The County Council arranges whenever necessary with the Hospital Management Committee for the admission to hospital of children under the age of 12 months.

(iii) Statistics.

The following statistics show the total attendances, etc., at the ante- and post-natal clinics and at the child welfare clinic during 1952. These statistics include the attendances made by persons from the urbanised area around the City.

(a) *Ante-natal Clinic*

Number of expectant mothers who attended clinics	...	...	...	402
Number of attendances made	...	...	...	1,367

(b) *Post-natal Clinic*

Number of mothers who attended clinics	...	...	...	180
Number of attendances made	...	...	...	299

(c) *Child Welfare Clinic.*

Number of children under 5 years of age who attended	...	...	...	589
Number of attendances made	3,795

(d) *Relaxation Classes*

Number of attendances made	372
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(c) **School Clinics.**

A Minor Ailments Clinic is held weekly in the Chichester Health Centre, Chapel Street.

During the year, 325 children attended the clinic, making 1,634 attendances. Appointments are made with an Ophthalmic Surgeon for children suffering from defective vision, and arrangements are made where necessary with St. Richard's Hospital and the Royal West Sussex Hospital for the operative treatment of tonsils and adenoids.

Arrangements are also made for the treatment of children suffering from *crippling defects, ear defects and speech defects.*

An Orthopaedic Clinic is held at Chichester Health Centre.

A Nutrition Clinic is held at the Chichester Health Centre fortnightly, where mothers are advised regarding the health of children suffering from malnutrition. Vitamin C and Adexolin Tablets are available for such children. During the year 156 children attended the clinic, making 324 attendances.

d) **Health Visiting.**

Health visitors are available to give advice on the health and training of young children and the care of persons suffering from illness.

They also give advice on the preservation of health, precautions to be taken against the spread of infection, and on other aspects of social welfare work.

e) **Home Nursing.**

An efficient Domiciliary Nursing Service is operated by the West Sussex County Council, who supply a staff of qualified nurses.

The services of a general nurse are provided on the recommendation of a doctor to any home requiring such service, on application to the general nurse concerned.

(f) **Health Education**

Arrangements are made in conjunction with the County Medical Officer for the display, at the Health Centre, Chapel Street, of an Exhibition Stand supplied by the Central Council for Health Education. The undermentioned topics were displayed on the Exhibition Stand, each for a period of one week and appropriate leaflets were available for the public, in holders fitted at the front of the stand :—

Head Lice
Care of the Feet
The work of the Health Visitor.

(g) **Prevention of Illness, Care and After-care.**

Tuberculosis—A domiciliary tuberculosis service is maintained by the West Sussex County Council (the responsibility for provision of a tuberculosis consultant service was transferred to the Regional Hospital Board as from 5th July 1948). A Chest Clinic is held every Tuesday morning, with an additional clinic for contacts only on the afternoon of the first Friday in each month, at Aldingbourne House Sanatorium, near Chichester, where X-ray facilities exist. The Chest Physician at the Sanatorium, who is on the Regional Hospital Board's staff, acts as consultant to the County Council's tuberculosis service and is in attendance at these clinics. His services are placed at the disposal of local medical practitioners in any case where they desire a specialist's opinion.

The County Council have arranged for certain of their duties with regard to the care and after-care of tuberculosis patients to be carried out by the Sussex Rural Community Council, one of whose Committees was set up in Chichester. Cases referred to them by the Chest Physician are visited by their organisers or representatives, and they have given valuable help in the way of provision of beds, bedding, clothes, extra nourishment, domestic help in the house, and the boarding-out of child contacts.

Patients discharged from Hospital.—Two Care Almoners, appointed in January, 1950, conduct a domiciliary welfare service in the County area, in the follow-up of patients discharged from hospital and in the carrying out of social welfare work amongst invalids generally, including tuberculosis patients.

(h) **Home Help Service.**

The Women's Voluntary Service has undertaken, on behalf of the County Council, the organisation of the Home Help Service. When the supply of Home Helps permits, assistance is given to households where there are, for instance, maternity cases, illness, young children (where the mother is away or ill), age or infirm persons etc. Applications for such domestic assistance should be accompanied by the recommendation of a doctor, nurse or midwife, and should be made to the Women's Voluntary Service Area Organiser, based in the City. A charge, according to the applicant's means, is made for the service, except where precluded by financial hardship.

(i) Immunisation against Diphtheria.

Sessional arrangements are made for this protective inoculation to be carried out at schools and at the Health Centre, where necessary. In addition, under an arrangement made with the County Council, immunisation can be carried out by general practitioners at their surgeries.

During 1952, 245 children were immunised against diphtheria, whilst, in addition, 239 children received reinforcing injections (usually just prior to, or just after, their commencing school attendance) to supplement the protection given by their initial immunisation at an earlier age. The table below gives details of the ages of children who received either primary or reinforcing injections during 1952.

		AGES :							
		(i) at date of final injection (as regards(A))							
		(ii) at date of reinforcing injection							
		(as regards (B))							
		Under 1	1	2	3	4	5-9	10-14	Total
(A) Number of children who completed a full course of <i>primary</i> immunisation during 1952		23	149	17	3	3	33	17	245
(B) Number of children who received a secondary (reinforcing) injection (subsequent to primary immunisation at an earlier age) during 1952		—	—	—	—	4	220	15	239

The estimated total number of children in the City who had been immunised, as at 31st December, 1952, is set out below, by age groups :

Year of birth :	1952	1951	1950	1949	1948	1943-47	1938-42
Age : —	Under 1	1	2	3	4	5-9 yrs.	10-14 yrs.
Total immunised (by age groups)	7	154	190	311	306	1206	1002
Total immunised (all groups up to 14)	— 3,176						

National Statistics for Diphtheria since 1940 are given below. They reveal the success of the Diphtheria Prophylaxis Scheme. Both the number of deaths and the number of cases in 1952 are the lowest ever recorded.

During the ten-year period 1931-1940 the average number of original notifications was about 55,300 per annum throughout England and Wales.

Diphtheria—National Statistics

Year	Deaths	Cases originally notified	Corrected Notifications
1941	2,641	50,797	—
1942	1,827	41,404	—
1943	1,371	34,662	—
1944	934	29,949	23,199
1945	722	25,246	18,590
1946	472	18,283	11,986
1947	244	10,465	5,609
1948	156	8,034	3,575
1949	84	4,971	1,890
1950	49	2,833	962
1951	33	1,983	664
1952	31	1,427	375

(j) Vaccination against Smallpox.

Arrangements have been made for Vaccination against Smallpox to be carried out by the General Practitioners, at their surgeries and in addition sessional arrangements can be made at the Health Centre should the need arise. *Vaccination is on a voluntary basis.*

3. MENTAL HEALTH.

The Medical Superintendent of Graylingwell Hospital, Dr. J. Carse, has very kindly provided me with a copy of his report for the year 1952, from which the following information has been extracted.

(a) Out-Patients' Clinics.

The Royal West Sussex Hospital, Chichester, has a clinic every Thursday at 2.30 p.m. Graylingwell Hospital also has an Out-Patients' Clinic, which is by appointment, and patients can arrange for consultations in the evening or at weekends if necessary.

Appointments for new patients can be made by application to the Almoner of the hospital at which they wish to attend.

(b) Extra-Mural Units.

Dr. Carse, in his report for 1952, states that 16 patients, of a purely psychiatric nature, received satisfactory treatment at the Royal West Sussex Hospital, Chichester. The treatment of such patients in the medical wards of this hospital which began in 1949 when four beds were made available, has resulted in sufficient experience being gained now to draw reasonable conclusions as to the place of this facility in the psychiatric service.

There was a slight reduction in the number of patients admitted, compared with 1951 (28), after it had been found that certain types of cases did less well in general wards where they could not be isolated from patients suffering from severe physical illness. Dr. Carse states that it is considered that the anxious and suggestible psychoneurotic individual should be dealt with in a separate unit where specially trained psychiatric nursing and occupational staff are available and where there is adequate space for up-patients. Patients admitted have mostly been drawn from those attending the psychiatric out-patient clinic at the hospital (see (a) above), although some have also been admitted direct from their homes, either following domiciliary visits or at the request of their general practitioners. Requirements for admission have been the milder psychotic conditions or psychoneuroses where there was neither disturbed behaviour nor active suicidal risk, necessitating special nursing observation. These patients are usually unwilling to enter a psychiatric hospital, on the grounds that some stigma might so result, and, by the ready availability of the treatment (without any formality as to admission), patients may undertake treatment at an earlier and more readily recoverable stage than they otherwise would, thus preventing economic loss and chronic ill-health.

(c) Public Relations.

The importance of public relations work is again stressed in the report the main object being to keep the public fully informed of the psychiatric services available and to encourage them to seek advice and treatment promptly. Many talks and lectures were given to a variety of groups of people and facilities were afforded for the hospital to be visited. As a result, Dr. Carse feels confident that Graylingwell and the aims and practice of psychiatry are no longer the terrifying mysteries they used to be, and that the majority of the public in the surrounding area have a good understanding of the true nature of mental illness and what is being done for it.

4. HOSPITAL FACILITIES.

The City of Chichester is situated in the area administered by the South West Metropolitan Regional Hospital Board, and the General Hospitals in the City and the Chichester Infectious Diseases Hospital form part of a group of eight hospitals managed by the Chichester Group Hospital Management Committee. Your Public Health Committee Chairman and Medical Officer of Health are members of this Committee.

Graylingwell Hospital has its own Hospital Management Committee.

Details of the Hospitals serving the City are as follows :—

(a) **General Hospitals.**

Royal West Sussex Hospital, Broyle Road.	Accommodation 202 beds.
St. Richard's Hospital, Spitafield Lane.	Accommodation 400 beds.

(b) **Mental Hospitals.**

Graylingwell Hospital, College Lane.	Accommodation 1,150 beds.
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(c) **Infectious Disease Hospitals.**

(i) **General Cases.**

Chichester Infectious Disease Hospital, Spitafield Lane. Accommodation 44 beds and 4 cots.

(ii) **Smallpox Cases.**

Joyce Green Hospital, Dartford, Kent.

This Hospital will receive cases of smallpox from the City and arrangements for the admission of cases have to be made by the County Medical Officer of Health.

The Ministry of Health has formed a panel of consultants covering the various areas and their services can be obtained on application by the Medical Officer of Health. The County Medical Officer of Health is to be informed immediately, whenever this step has been taken.

(iii) **Cases of Tuberculosis.**

There is a Sanatorium for the treatment of cases at Aldingbourne, near Chichester, with accommodation for 70 patients and an annexe situated at Bognor Regis where there are 50 beds.

Cases of thoracoplasty are received at King Edward VII Sanatorium, Midhurst, and St. Richard's Hospital, Chichester.

(iv) **Venereal Disease.**

Residents in the County may attend the following clinics :—

Brighton

Royal Sussex County Hospital, Eastern Rd., Kemp Town.	Men :	Mondays, Thursdays and Saturdays, 1.30 p.m. to 4.30 p.m.
	Women :	Tuesdays, 1.30 p.m. to 4.30 p.m. Thursdays and Saturdays, 10 a.m. to 1 p.m.

Portsmouth.

St. Mary's Hospital (Ward B 9).	Men :	Tuesdays and Thursdays, 10 a.m. to 5 p.m.
	Women :	Mondays, 5 p.m. to 7 p.m. Wednesdays 2 p.m. to 4 p.m. Fridays 10 a.m. to 12 noon.

Worthing

The Hospital,
Lyndhurst Road.

Men : Wednesdays, 4.30 p.m. to 5.30 p.m.
 Fridays, 5.30 p.m. to 6.30 p.m.

Women : Wednesdays, 2 p.m. to 4 p.m.
 Fridays, 3 p.m. to 5 p.m.

Dr. D. G. Martin, the Surgeon Superintendent of St. Richard's Hospital, Chichester, has kindly furnished me with details of a new Treatment Centre which has opened during the year at the hospital for treatment of patients after their initial diagnosis at the Clinics at either Portsmouth or Worthing. From its opening on 14th May, 1952 to the end of the year, 18 patients were seen, of whom 7 were discharged cured and 5 transferred to other Centres. The total attendances amounted to 157. As there had previously been no treatment centre between Portsmouth and Worthing, this new service should make attendance easier for patients residing in a large area of West Sussex. There is a weekly session at the Treatment Centre on Wednesdays from 6 p.m. to 7 p.m.

SECTION IV.

HOUSING

Houses provided by the City Council.

Further progress has been made by the City Council in their efforts to relieve the housing problem in the City.

In the year ended 31st December, 1952, 70 new Council houses were completed, bringing the total number of houses erected by the Council in the post-war period since 1945 to 590. This figure compares favourably with the other authorities in West Sussex.

It is also very encouraging to note that a further 134 houses were under construction at the end of the year and that arrangements were being made for the placing of further contracts to ensure continuity in the building programme.

In addition to the new houses completed, 26 houses became vacant during the year, the tenants having given notice for various reasons, such as leaving the district, finding their own alternative accommodation etc. In total, therefore, 96 families were rehoused during the year under review.

One difficulty which has arisen during the rehousing programme has been that the increased cost of building is making the rents of new Council houses too high for some housing applicants in the greatest need, and they are having to be deferred until suitable cheaper accommodation becomes available, in pre-war houses or prefabricated bungalows.

As regards the waiting list, it will be noted from the following figure that there has been a reduction in the total number of applicants, but I would like to stress the fact that, in addition to applicants living in lodgings in the City, householders living in dilapidated properties who have been on the waiting list for houses for a number of years, must also receive comparable consideration for rehousing. This is now being done and is giving considerable satisfaction to a number of old residents of Chichester.

One problem still to be solved concerns those applicants in the "C" category. These are mainly single persons or childless couples, often elderly, who do not require the ample accommodation afforded by a new Council house, and for whom a bungalow or ground-floor flat would be very suitable, as often there is some physical infirmity which makes the negotiation of stairs difficult. Many of these applicants have been on the housing list for a considerable time as it has been essential to rehouse families in greater need, often living under very overcrowded conditions, before these applicants. However, the Council has their case in mind and is proposing to construct a number of old people's bungalows as soon as Government sanction is forthcoming.

	At 1st January, 1952	At 31st December, 1952
Applicants living in Lodgings		
(a) Residing in the City	321	290
(b) Residing outside but working in the City ...	62	42
(c) Residing and working outside the City ...	35	37
	418	369
Applications from Householders.		
(a) Residing in the City	143	137
(b) Residing outside but working in the City ...	48	34
(c) Residing and working outside the City ...	7	8
	198	179
Applications from Elderly People who require Bungalows	46	46
	662	591

The following table shows the different types of Council Houses erected, and under construction at 31st December, 1952, according to roads, in the order that they were erected :—

a) Erected Pre-1940

Situation	Year Erected	Type				Grand Total
		Parlour	Non- Parlour	Semi- Bunga- low	Bunga- low	
Round Farm Road ...	1920	22	—	—	—	22
Apple-dram Lane** ...	1923	12	—	—	—	12
Delaid Road ...	1924	20	24	—	—	44
Albert Road** ...	1924	—	—	8	8	16
Lewis Road ...	1925	—	44	—	—	44
Kingsham Road ...	1925	16	52	—	—	68
Alexandra Road ...	1926	12	—	—	—	12
St. James's Road ...	1930	—	18	—	—	18
St. James's Square ...	1930	—	54	—	—	54
Kent Road ...	1934	—	31	—	—	31
St. Pancras ...	1934	—	2	—	—	2
High Street ...	1934	—	2	—	—	2
Witchfield Lane ...	1935	—	20	—	—	20
St. James's Square ...	1936/37	—	4	—	—	4
Dorrence Road ...	1936/37	—	8	—	—	8
Wilmore Road ...	1936/37	—	22	—	—	22
Living Terrace ...	1936/37	—	18	—	—	18
Albert Road ...	1937/38	—	16	—	—	16
May Lane ...	1937/38	—	8	—	—	8
Federick Road ...	1937/38	—	10	—	—	10
High Street ...	1937/38	—	2	—	—	2
St. Paul's Road ...	1937/38	—	6	—	—	6
Hammer Road ...	1938/39	—	34	—	—	34
Cherry Orchard Road ...	1938/39	—	8	—	—	8
TOTAL ...		82	383	8	8	481

*Transferred to City Council when boundary was extended in 1933.

(b) Erected during post-war period period (1945-1952)

Situation	Year erected	Erected 1945/51				Erected during 1952				Under construction at 31/12/52			
		Parlour	Non-Parlour*	Bungalows and Flats	Total	Parlour	Non-Parlour*	Bungalows and Flats	Total	Parlour	Non-Parlour*	Bungalow and Flats	Total
Swanfield Drive ^Q	1945/46	—	—	50	50	—	—	—	—	—	—	—	5
Eastland Road	1946/47	12	—	1	13	—	—	—	—	—	—	—	1
Mumford Place	1946/47	14	—	4	18	—	—	—	—	—	—	—	1
Cherry Orchard Road	1947-49	12	—	—	12	—	—	—	—	—	—	—	1
Exton Road	1947-49	70	—	2	72	—	—	—	—	—	—	—	7
Hay Road	1947/49	48	—	4	52	—	—	—	—	—	—	—	5
Taverner Place	1947/49	14	—	4	18	—	—	—	—	—	—	—	1
Swanfield Drive	1947/49	26	—	—	26	—	—	—	—	—	—	—	2
Greenfield Road	1947/49	24	—	—	24	—	—	—	—	—	—	—	2
Blandford Road	1947/49	10	—	—	10	—	—	—	—	—	—	—	1
Bradshaw Road	1947/49	12	—	—	12	—	—	—	—	—	—	—	1
Castleman Road	1947/49	28	—	—	28	—	—	—	—	—	—	—	2
Chatfield Road	1947/49	24	—	—	24	—	—	—	—	—	—	—	2
Manning Road	1947/49	20	—	—	20	—	—	—	—	—	—	—	2
Story Road	1947/49	10	—	—	10	—	—	—	—	—	—	—	1
Dallaway Road	1949	8	—	—	8	—	—	—	—	—	—	—	—
Kingsham Ave.	1949/50	6	33	2+8†	49	—	—	—	—	—	—	—	4
Hardham Road†	1950/51	—	—	4	4	—	—	—	—	—	—	—	—
St. Wilfrid Road	1950/52	8	—	—	8	1	2	—	3	—	—	—	1
Neville Road	1950/52	—	—	24† +1	25	—	—	1	1	—	—	—	2
Sherborne Road	1950/52	11	1	—	12	2	1	1	4	—	27	—	27
Langton Road	1950/52	—	12	—	12	—	—	—	—	—	4	—	4
Oliver Whitby Road	1950/52	8	4	1	13	18	20	—	38	—	14	—	14
Sherlock Avenue	1952/53	—	—	—	—	4	4	16	24	5	4	8	17
Barton Road	1952/53	—	—	—	—	—	—	—	—	—	20	—	20
Hilary Road	1952/53	—	—	—	—	—	—	—	—	—	12	—	12
Hannah Square	1952/53	—	—	—	—	—	—	—	—	—	24	—	24
Tower Street	1952/53	—	—	—	—	—	—	—	—	—	—	16	16
TOTAL		365	50	105	520	25	27	18	70	5	105	24	134

Notes :

^QPrefabricated Bungalows—

*These non-parlour type houses have a Kitchen-Diningroom

†Shops with Flats over

‡Flats

SUMMARY

Showing all Dwelling Houses and Flats owned by the City Council

Pre 1940 Council Houses	...	...	...	...	48
Post 1945 Council Houses	...	...	...	...	50
Miscellaneous Flats and Houses	...	...	...	...	7

1,14

Action under the Public and Housing Acts regarding houses which are privately owned.

The following inspections were carried out by the Chief Sanitary Inspector, Mr. T. C. Ward and his Assistant Mr. J. Snowdon :—

1. Inspection of dwelling-houses during the year :—

(1) (a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	160
(b)	Number of inspections made for the purpose	782
(2) (a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	Nil
(b)	Number of inspections made for the purpose	Nil
(3)	Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	4
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	93

2. Remedy of defects during the year without service of formal notices:—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	87
---	----

3. Action under Statutory Powers during the year :—

A. *Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936.*
No action was taken.

B. *Proceedings under Public Health Acts :—*

(1)	Number of dwelling-houses in respect of which statutory notices were served requiring defects to be remedied	6
(2)	Number of dwelling-houses in which defects were remedied after service of statutory notices :—	
(a)	By owners	6
(b)	By local authority in default of owners	Nil

C. *Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—*

(1)	Number of dwelling houses in respect of which Demolition Orders were made	Nil
(2)	Number of dwelling houses demolished in pursuance of Demolition Orders	1
(3)	Undertakings by owners not to re-let for human habitation accepted	4
(4)	Undertakings cancelled by Council after being rendered fit for human habitation	Nil

D. *Proceedings under Section 12 of the Housing Act, 1936 :—*

(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil

4. Housing Act, 1936—Overcrowding.

(a)	(i)	Number of dwellings overcrowded at the end of the year (1952)	...	...	...	...	...	Nil
	(ii)	Number of families dwelling therein	...	...	...	...	...	Nil
	(iii)	Number of persons dwelling therein	...	...	...	...	...	Nil
(b)		Number of new cases of overcrowding reported during the year	...	...	...	...	...
(c)	(i)	Number of cases of overcrowding relieved during the year	...	...	...	...	...
	(ii)	Number of persons concerned in such cases	...	...	...	...	...

SECTION V.

INSPECTION AND SUPERVISION OF FOOD

Food Poisoning.

The Chichester Corporation Act, 1938, and the Food and Drugs Act 1938, have made it a duty of Medical Practitioners to notify to the Medical Officer of Health, cases or suspected cases of food poisoning.

This makes it possible for immediate enquiries to be made by the Public Health Department Officers regarding the situation and disposal of an suspected food.

Two cases of food poisoning were notified during the year under review.

Milk.

All milk sold in the City is retailed in bottles which have previously been washed and sterilised in the latest mechanical washers and the bottle subsequently fitted with aluminium overlapping foil caps.

Almost the whole of the milk sold in the City is pasteurised and the remainder, which is sold raw, is from tuberculin tested herds and bottle at the farm of production. The supplies of Tuberculin tested milk which are not bottled at the farm are pasteurised before sale and sold under the special designation Tuberculin Tested (Pasteurised).

Milk and Dairies Regulations 1949 (Section 20): This regulation enables action to be taken when the Medical Officer of Health has evidence, or reasonable grounds for suspecting, that the supply of milk from registered premises is infected with disease communicable to man. No action was necessary during the year 1952.

Quality.—The West Sussex County Council are the Food and Drug Authority for the City of Chichester, under the Food and Drugs Act, 1938. Samples of milk are taken by the sampling officers and submitted to their Public Analyst for determining the nature, substance and quality.

Cleanliness.—For ascertaining the cleanliness and the keeping quality of milk, samples are submitted to the methylene blue test.

Pasteurisation.—Samples of Pasteurised Milk are subjected to a Phosphatase Test. By means of this test it is possible to ascertain whether the milk has been heated to the temperature necessary to destroy all pathogenic organisms. It also proves that no raw milk has been subsequently mixed with the milk.

Biological Sampling of Milk.

During the year, 154 biological samples of milk (ungraded or accredited) were taken at the processing plant in the City, prior to heat treatment. These were examined for the presence of tubercle bacilli and brucella abortus. The results are given below.

Licences.—The City Council has the responsibility of supervising the distribution of milk within the City and the dealers are licensed by the City Council, the licences expiring at 31st December, in each year. Milk Pasteurising plants are the responsibility of the Food and Drugs Authority, the West Sussex County Council, and the Ministry of Agriculture and Fisheries has the responsibility for the licensing, and the supervision of farms at which milk is produced.

The following licences were granted by the City Council during the year 1952 :—

The Milk (Special Designation) (Raw Milk) Regulations, 1949.

Premises Licensed for retailing "Tuberculin Tested" Milk (expiring 31st December, 1953)	4
---	-----	-----	-----	-----	-----	---

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

Premises Licensed for retailing "Pasteurised" Milk expiring 31st December, 1953)	3
--	-----	-----	-----	-----	---

RESULT OF EXAMINATIONS OF MILK SAMPLES

(a) Samples Subjected to "Methylene Blue" Test.

No. of samples examined	Type of Milk	Satisfactory	Failed	% Satisfactory	Remarks
24	Tuberculin Tested (Pasteurised)	23	—	96%	Test declared void in case of 1 sample as shade temperature in laboratory rose over 65° Fahrenheit Ditto Ditto
23	Channel Isl. (Pasteurised)	22	—	96%	
44	Pasteurised	43	—	98%	
3	Accredited	3	—	100%	
94		91	—	96.8%	

(b) Samples Subjected to "Phosphatase" Test.

No. of samples examined	Type of Milk	Satisfactory	Failed	% Satisfactory
24	Tuberculin Tested (Pasteurised)	24	—	100%
23	Channel Islands (Pasteurised)	23	—	100%
44	Pasteurised	44	—	100%
91		91	—	100%

(c) Samples Subjected to Biological Tests.

No. of samples examined	Positive for Tubercle Bacilli	Positive for Brucella Abortus	Negative (both tests)	% Positive	
				T.B.	B.A.
154	1	11	142	0.65	7.14

MEAT

The Chief Sanitary Inspector is the Officer appointed under the Public Health (Meat) Regulations, 1924-1952.

Arrangements for the distribution of meat and slaughtering, for not only the City, but the adjacent areas and the Channel Islands, have continued to be concentrated in the City of Chichester.

The Ministry of Food have two requisitioned slaughterhouses in the City in which to carry out their work. All animals are inspected before slaughter and if necessary veterinary advice is sought. After slaughter all carcasses are inspected before distribution.

Slaughter of Animals Act, 1933.

All animals are slaughtered with the aid of mechanically operated human instruments and persons are licensed by the City Council as fit and proper to stun and slaughter animals. During the year under review 20 existing licences were renewed and 1 new licence was granted. These licences expire on the 31st December, in each year.

The total number of animals slaughtered during the year 1952 was 24,031 made up as follows :—

Slaughterhouse	Cattle (excluding Cows)	Cows	Calves	Sheep and Lambs	Pigs	Total
Stockbridge Road	1,302	328	986	3,436	747	6,799
Green Lane	—	—	2,396	10,137	4,699	17,232
TOTAL	1,302	328	3,382	13,573	5,446	24,031

CARCASSES INSPECTED AND CONDEMNED

	Cattle (excluding Cows)	Cows	Calves	Sheep and Lambs	Pigs
Number killed	1,302	328	3,382	13,573	5,446
Number inspected	1,302	328	3,382	13,573	5,446
<i>All diseases except Tuberculosis</i>					
Whole carcasses condemned	2	5	3	8	8
Carcasses of which some part or organ was condemned ...	256	72	2	283	223
Percentage of the number inspected affected with disease other than Tuberculosis	19.82%	23.48%	0.15%	2.14%	4.24%
<i>Tuberculosis only</i>					
Whole carcasses condemned	3	5	1	—	9
Carcasses of which some part or organ was condemned ...	78	46	4	—	36
Percentage of the number inspected affected with Tuberculosis	6.22%	15.55%	0.15%	—	0.83%

Total amount of meat found to be diseased and destroyed, 12 tons, 15 cwt. qrs., 4 lb., comprised as follows:—

	Entire Carcasses				Joints				Edible Offal			
	tons.	cwts.	qrs.	lb.	tons	cwts.	qrs.	lb.	tons	cwts.	qrs.	lb.
Cattle (excluding cows)	1	—	1	5	—	4	2	—	3	6	3	24
Cows	1	19	4	9	—	3	2	14	2	17	3	15
Calves	—	2	3	23	—	—	—	4	—	—	3	6
Sheep and Lambs	—	3	—	17	—	—	2	15	—	9	—	2
Pigs	—	18	4	3	—	2	3	5	1	3	1	2
TOTAL ...	4	5	2	1	—	11	2	10	7	17	3	21

OTHER FOODS

Food Preparing Premises.

Much attention was directed during the year to the conditions under which food was prepared for sale in bakehouses, restaurants and hotel kitchens, food factories and butchers' shops.

The need for scrupulous cleanliness at all times has been brought to the notice of the persons concerned and every effort has been made to facilitate this by the provision of constant hot and cold water, clean towels, wash basins and proper sanitary and toilet facilities.

In the main the efforts to improve the conditions under which food has been prepared have been most encouraging.

Details of visits paid and foodstuffs condemned can be found on subsequent pages.

2. Retail Food Shops (including Stalls and Vehicles).

The conditions under which food has been offered for sale during the year under review have maintained a very high standard and it is pleasing to note that many shop-keepers are making use of refrigerated display cabinets for the sale of perishable food stuffs. These cabinets not only solve the problem but also protect the food from surface contamination, besides maintaining it in perfect condition.

3. Clean Food Campaign.

The byelaws relating to the Handling, Wrapping and Delivery of Food and Sale of Food in the Open Air, came into force on 21st August, 1950.

4. Ice Cream.

At 31st December, 1952, the premises registered for the sale and/or manufacture of ice cream were as follows :—

Manufacture only	...	...	...	1
Manufacture and Sale	...	...	...	3
Storage only	...	...	...	1
Sale only, of wrapped ice cream	...	...	...	32
Sale only (no restrictions as to wrapping)	...	...	...	14
				—
				51
				—

There are now only two manufacturers in the City who regularly make ice cream and in each case a complete 'Cold Mix' is used.

The stringent requirements of the Ice-Cream (Heat Treatment, etc.) Regulations make the manufacture of ice-cream by small producers an uneconomic proposition. Nearly all the ice-cream sold in the City is prepacked and produced by large manufacturing wholesalers.

During the year 20 samples of ice cream were taken and these were subjected to the Methylene Blue reduction test and graded as to the bacteriological cleanliness in accordance with the method recommended by the Ministry of Health and Public Health Laboratory Service.

The following table gives the results of samples taken :—

Number of Samples	Grade 1	Grade 2	Grade 3	Grade 4
20	9	6	5	—

In explanation of the above table it is suggested that if, out of the four grades recommended, ice cream consistently fails to reach Grades 1 and 2 it would be reasonable to regard this as indicating defects of manufacture or of handling, which call for further investigation.

The results of the examinations were, in every case communicated to the persons concerned. Numerous visits were made to the premises in which the ice cream was manufactured and the methods employed were thoroughly examined and advice given where appropriate. When an unsatisfactory result was received a thorough investigation was carried out and every endeavour was made to ascertain and rectify the fault in manufacture, storage or sale.

SECTION VI.

SANITARY CIRCUMSTANCES OF THE AREA

1. (i) WATER SUPPLY.

The water supplied to the City during the year 1952 has been very satisfactory both in quality and quantity and there is no tendency towards plumbo-solvent action.

The water supplied by the Corporation is derived from two boreholes at Fishbourne and Funtington respectively. Apart from the supply of water to premises in the City area, water is also supplied by public mains to a number of parishes in the Chichester Rural District, and in bulk to the Selsey Water Company, for distribution by that undertaking.

During the year, the Corporation acquired approximately 6 acres of land adjoining the Fishbourne Pumping Station for the purpose of protecting the source of supply.

Details of samples taken during the year, as furnished by the Water Engineer and Manager, Mr. A. N. Burgess, are appended below.

Funtington Source.

Twenty-seven samples of Funtington raw water were submitted for bacteriological examination. Organisms of the coli-aerogenes group were present in two samples which, however, did not contain *Bacillus Coli*.

One sample of raw water taken for chemical analysis had a total hardness of 220 p.p.m. (15.4 grains per gallon), of which 25 parts (1.7 grains per gallon) were non-carbonate or permanent hardness. The sample was practically clear and bright in appearance, neutral in reaction, free from metals apart from a negligible trace of iron, and contained no excess of salinity or mineral constituents in solution.

Fishbourne Source

Twenty-eight samples of Fishbourne raw water were submitted for bacteriological examination. Organisms of the coli-aerogenes group were present in eighteen samples, seven of which contained *Bacillus Coli*, Type 1.

One sample of raw water taken for chemical analysis had a total hardness of 250 p.p.m. (17.5 grains per gallon), of which 30 parts (2.1 grains per gallon) were non-carbonate or permanent hardness. The sample was practically clear and bright in appearance, neutral in reaction, free from metals apart from a negligible trace of iron, and contained no excess of salinity or mineral constituents in solution.

Tap Water

The raw water undergoes a continuous process of purification before distribution by the addition of appropriate quantities of chlorine and ammonia at the Waterworks.

Twenty-eight samples of treated water from consumers' premises (thirteen in the City and fifteen in the Rural District) and twenty-eight samples from the Fishbourne delivery main were submitted for bacteriological examination. Organisms of the coli-aerogenes group were present in two samples collected on the same day. The Analysts reported that the water as supplied was wholesome in character and suitable for drinking and domestic purposes.

One sample of tap water taken for chemical analysis had similar characteristics to the raw water samples and it was described by the Analysts as being of the highest standard of organic purity.

(ii) **STAFF.**

All workmen employed in the Water Department are submitted to the appropriate medical tests at the time of engagement, and annually thereafter.

(iii) **HOUSES AND POPULATION SUPPLIED FROM THE PUBLIC WATER MAINS.**

The number of dwelling houses, in the City, and the population supplied from the public water mains and privately supplied, is as follows :—

Supply	No. of inhabited dwelling houses	Estimated Population
(a) Public water mains—direct to houses ...	5,321	18,990
(b) Public water mains—by means of stand pipes	—	—
(c) Balance privately supplied	8	30
Total	5,329	19,020

(iv) **HOUSES NOT ON MAINS SUPPLY OF WATER.**

16 samples of water were taken during the year from houses not connected to the public water supply and warning letters were sent to the occupiers from which unsatisfactory samples were taken.

There is very little prospect of providing these isolated premises with piped supply of town's water until the public mains are extended to their respective areas.

2. DRAINAGE AND SEWERAGE.

Chichester is drained as far as possible on the separate system of main drainage (i.e. rain water is drained separately from soil water) the Sewage Disposal Works being situated at Apuldram, 2½ miles to the South West from Chichester Cross.

3. CLOSET ACCOMMODATION.

Water closets form the chief method of disposal.

There are at the moment approximately 108 houses within the City boundary with cesspool drainage.

4. PUBLIC CLEANSING.

Scavenging is carried out daily in the main streets. House refuse is collected weekly by the Corporation and taken to the refuse tip situated on the outskirts of the City.

The City Council has a modern cesspool emptying vehicle for service in the City and the contents are disposed of at the Sewage Works. Cesspools are emptied on application.

5. PUBLIC BATHS.

It was stated in my report for 1951 that the scheme for erection of Slipper Baths (3 male and 3 female) on a site at the junction of Alexandra Terrace and St. Pancras had unfortunately to be deferred in view of the restrictions by the Government on all building other than housing. No further action was possible during 1952 but early in 1953 a fresh approach for Ministerial sanction for the scheme resulted in a favourable reply from the Ministry of Housing and Local Government. Steps were accordingly taken to proceed with the preliminary

arrangements but, after careful consideration of the running costs (in this respect, guidance was obtained from information supplied by other authorities operating such a service) and particularly of the estimated amount to be found from the General Rate Fund each year, together with the probably diminishing use of the Slipper Baths as more new houses (with baths) were provided, the Council reluctantly decided not to proceed further with the proposal.

1. SMOKE ABATEMENT.

Several complaints were received, mostly of a minor character, the cause was almost exclusively, due to the allocation of grades of fuel for which the apparatus was not designed.

2. CAMPING SITES.

There are no camping sites in the City.

3. OFFENSIVE TRADES.

The offensive trades in the City include :—

One Fellmonger.

Three Rag and Bone dealers.

No nuisances were reported regarding these trades.

4. SHOPS.

Inspection work is carried out by the Additional Sanitary Inspector and the Shops' Inspector (part-time) working under the supervision of the Chief Sanitary Inspector.

5. DOMESTIC SERVANTS REGISTRY OFFICES.

There are two Domestic Servants Registry Offices in the City and 16 visits were made during the year under review. No complaints were received.

6. HOUSES LET IN LODGINGS.

There are no houses let in lodgings registered in the district.

7. COMMON LODGING HOUSES.

There is one Common Lodging House in the City with accommodation for 24 beds.

8. PUBLIC MORTUARY.

A Public Mortuary situated in Spitafield Lane is maintained by the Corporation and facilities are available for the holding of post mortems.

An agreement exists between the Corporation and the Chichester Rural District Council for the reception of bodies from their area.

During the year 1952, 35 bodies were admitted as follows :—

	Reason for admission		Total
	Awaiting Burial	Post Mortem	
Chichester City	1	6	7
Chichester R.D.C.	8	19	27
Wotton Bassett U.D.C. ...	—	1	1
Total	9	26	35

14. BYE-LAWS.

List of Bye-Laws in force in the City which relate to Public Health :—

Number	Description	Date of Confirmation
1	New Streets and Buildings	April, 1930
2	Common Lodging Houses	May, 1930
3	Markets	May, 1930
4	Mortuary	May, 1930
5	Nuisances	May, 1930
6	Offensive Trades	May, 1930
7	Slaughterhouses	May, 1930
8	Sanitary Conveniences	June, 1930
9	Dogs fouling footway	October, 1930
10	Houses let in lodgings	June, 1930
11	Buildings	February, 1930
12	Pleasure Fairs	February, 1930
13	Houses let in lodgings	May, 1930
14	Refuse Tips	October, 1930
15	Water—Prevention of waste, Undue consumption, Misuse or Contamination	March, 1950
16	Handling, Wrapping and Delivery of Food and Sale of Food in the Open Air	July, 1950

SANITARY INSPECTION OF THE AREA.

The following is a summary of the visits and inspections, etc., carried out by the Chief Sanitary Inspector and his Assistants during the year :

1. PUBLIC HEALTH AND HOUSING ACTS.

No. of complaints received	210
Inspections and re-inspections	1,065

2. HOUSING MANAGEMENT.

Visits (Housing Application)	389
-------------------------------------	-----

3. FACTORIES ACT.

Factories	235
Bakehouses	21

4. MILK AND DAIRIES.

Dairies	58
----------------	----

5. FOODSTUFFS.

Ice Cream Vendors and Manufacturers	44
Ice Cream sampling	20
Examination of unsound food	220

The following unsound food was condemned during 1952 :—

iscuits	23 lb.	Jams, Marmalade, etc. ...	154 tins and jars.
ake	28 lb. 8 oz.	Maws	1 barrel
ereals	28 pkts.	Meat-tinned (various) ...	314 tins
heese	13 boxes and 7 lb. loose.	Milk—tinned	82 tins
essicated Coconut ...	15 pkts.	Paste	109 jars and tins
ordials	16 bottles	Puddings (tinned) ...	10 tins
ried Egg	12 lb.	Sauces and Pickles ...	27 jars
igs	9 lb.	Sausages	63 lbs.
ish (wet)	21 stone, 11 lb.	Soups	29 tins and 91 pkts.
ish	49 tins	Spaghetti	6 tins
lour	6 bags	Spices	2 ozs.
ruit	1,584 tins and 3 bottles	Sweets	85 lb. 8 ozs.
am (tinned)	2 cwts. 3 qtrs. 25 lb. 3 ozs.	Vegetables (tinned) ...	287 tins

Summary of visits and inspections etc., carried out by the Chief Sanitary Inspector and his Assistants (continued) :

MEAT.

Government Slaughterhouses	...	...	295
Butchers' Shops	...	...	47

The following unsound food was condemned at Butchers' Shops :—

eef—Home killed ...	610½ lb.	Pork—home killed ...	561½ lb.
eef—Imported ...	61 lb.	Ox Tongue Roots ...	102½ lb.
utton—Home killed ...	39½ lb.	Ox Livers	3½ lb.
utton—Imported ...	34½ lb.	Rabbits	60 lb.

SHOP ACTS.

Visits	551
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EMPLOYMENT OF YOUNG PERSONS' ACTS.

Visits	295
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WATER SUPPLY.

Water Sampling	18
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OFFENSIVE TRADES.

Inspections	9
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INFECTIOUS DISEASE INQUIRIES RE DISINFECTIONS, Etc.

General Visits	8
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12. RODENT CONTROL.

(a)	Surface Infestations :—				
	(i) Premises Inspected	532
(b)	Infestations Dealt with :—				
	(i) Private dwellings	...	...	...	193
	(ii) Business Premises	...	...	...	45
	(iii) Corporation Property	...	...	...	14
(c)	Treatment of Sewers :—				
	Number of Treatments	...	...	...	1
	(including annual 10% test)				
	Number of manholes baited	...	...	...	59
	(Treatment, 27, 10% Test, 32)				
	Number of manholes showing pre-bait take	...			Nil

13. ERADICATION OF BED BUGS AND OTHER VERMIN.

(a)	Bed Bugs.				
	(i) Council Houses	...	...	...	Nil
	(ii) Other Premises	...	...	...	2
(b)	Other Vermin.				
	(i) Council Houses	...	...	...	Nil
	(ii) Other Premises	...	...	...	4
	(All infestations were disinfested satisfactorily).				

FACTORIES ACTS, 1937 and 1948

Number of premises on register :—

Factories with power	...	...	...	100
Factories—non-power	...	...	...	57
Other premises	...	...	...	32
				<hr/> 189 <hr/>

INSPECTIONS

Premises	Number of		
	Inspections	Written Notices	Occupies Prosecuted
Factories with mechanical power	104	4	—
Factories without mechanical power	113	—	—
Other premises under the Act (including works of building and engineering construction but not including out-workers' premises)	18	—	—
TOTAL	235	4	—

DEFECTS FOUND

Particulars	Number of defects				Number of defects in respect of which Prosecutions were Instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ...	1	1	—	1	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	2	2	—	2	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7) :					
(a) Insufficient ...	2	2	—	1	—
(b) Unsuitable or defective	4	4	—	4	—
(c) Not separate for sexes	—	—	—	—	—
Other offences (not including offences relating to Homework) ...	—	—	—	—	—
TOTAL ...	9	9	—	8	—

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